

WOMEN OF INFLUENCE: HEALTH CARE



THERE ARE SOME PARTICULARLY STELLAR HEALTH INDUSTRY STEWARDS IN THE LA REGION WHO HAPPEN TO BE women and we've alphabetically listed some of the best of them here, along with key details and information about their careers, recent successes and stand-out moments they've achieved.

The health care leaders listed in these pages were chosen by the Los Angeles Business Journal to be recognized for exceptional stewardship and achievement across the full spectrum of responsibility, exemplary leadership, the highest professional and ethical standards, and for contributions to the health and wellbeing of the Los Angeles community at large.

Methodology: The professionals featured in these pages did not pay to be included. Their profiles were drawn from nomination materials submitted to the Los Angeles Business Journal. Those selected for inclusion were reviewed by the editorial department. The professionals were chosen based on a demonstration of impact made on the profession and on the Los Angeles community.

WOMEN OF INFLUENCE: HEALTH CARE

**KAVITHA BHATIA**

*President and Chair, Prime Healthcare Foundation;
Chief Medical Officer, Strategy
Prime Healthcare*

As the chief medical officer of strategy for Prime Healthcare, Dr. Kavitha Bhatia, MD, MMM, FAAP, FACHE prioritizes systemwide value creation and implements strategic initiatives ensuring health equity and Prime's continued operational and clinical success. Dr. Bhatia champions healthcare excellence with the vision and ability to design strategies for health equity, growth, long-term success, operational and clinical excellence. She leads teams toward transformative change in nearly every area of the organization. During a time when Prime tripled in size, Dr. Bhatia led initiatives and strategic planning to support the growth of Prime, implementing processes and recruiting leadership.

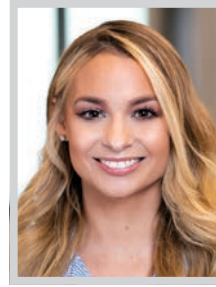
Dr. Bhatia's strategic vision has led Prime in the expansion of its network of care through urgent care, rural health and ambulatory surgery centers, enabling Prime to reach more patients and providing patients care when and how they choose.

**JACQUELINE BRACY**

*President, Emanate Health Medical Group
Emanate Health Medical Group*

Dr. Jacqueline Bracy is an outstanding physician leader, a female physician who forged a path in the medical field, and a longtime, respected OB/GYN. She has served this community for approximately 30 years. She has held numerous medical leadership roles over the past two decades. She was among the first few female physicians to have been voted into the position of chief of staff at Emanate Health Foothill Presbyterian Hospital (then known as Foothill Presbyterian Hospital). At a time when there were few female physicians not only in the region but in general, Dr. Bracy established herself as a leader, gained the respect of her peers and mentored future generations of physicians.

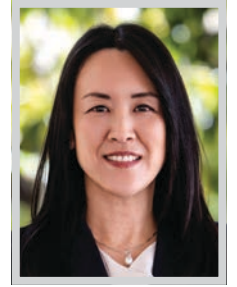
In 2013, Dr. Bracy was named the president of the Emanate Health Medical Group. In her years of practice, Dr. Bracy has provided OB/GYN care to thousands of patients.

**ALEXANDRA BUSTO**

*Partner
Nixon Peabody*

Alex Busto is a standout attorney in corporate and regulatory healthcare law whose work has shaped the strategic direction of major healthcare organizations, advanced access to care, strengthened non-profit missions, and demonstrated the power of legal counsel to drive meaningful change.

Busto works with healthcare organizations to design long-term strategies focused on provider alignment, expansion, and growth. Her experience includes structuring affiliations among providers to collaborate on care delivery models, developing cutting-edge fee structures that align provider incentives with value-based care, and implementing outpatient-focused solutions to reduce inpatient costs. Busto has served as counsel on some of the most complex and mission-driven healthcare transactions in recent years. She recently was lead transaction counsel to Tenor Health Foundation on its acquisition of three acute care hospitals, a transformative transaction that expanded Tenor's ability to stabilize and revitalize essential community hospitals.

**ANITA CHOU**

*Finance Officer
Adventist Health Southern California Network*

Anita Chou is a distinguished healthcare finance executive with more than 25 years of experience leading financial strategy, operational performance, and long-range planning for hospitals and health systems across Southern California. In January 2026, she was appointed finance officer for Adventist Health's Southern California Network, where she now provides financial leadership across four hospital campuses. With this appointment, Chou became the first woman to serve as financial officer for Adventist Health's four Southern California campuses — a milestone that reflects both her exceptional expertise and her growing influence as a strategic leader in one of the region's most competitive healthcare markets.

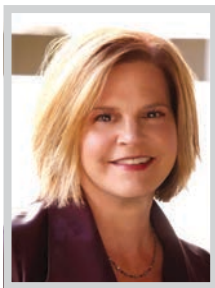
Chou has been instrumental in advancing integration efforts and aligning growth strategies across the organization, helping position the network for stronger long-term performance and sustainability.

**LIZ COCHRAN**

*Operations Executive
Adventist Health Glendale*

Elizabeth "Liz" L. Cochran, RT, MHA, FACHE, is a highly accomplished healthcare operations executive whose career spans more than three decades of clinical, strategic and hospital leadership experience across Southern California. Since joining Adventist Health Glendale in November 2018 as operations executive, Cochran has played a pivotal role in advancing the hospital's operational strength, quality performance, and long-term strategic growth — helping elevate Adventist Health Glendale into one of Southern California's leading hospitals for high-quality care, patient safety, and patient satisfaction.

Cochran's leadership has been especially instrumental in building the operational foundation required to sustain excellence at scale. She oversees a broad and complex portfolio that includes the hospital's world-class, accredited comprehensive cancer program, while also helping guide the organization's continued growth in clinical sophistication, service delivery, and operational reliability.

**JENNIFER FAGEN**

*Marketing & Communications Director
Adventist Health Southern California Network*

Jennifer Fagen is a strategic marketing and communications executive with deep expertise in advancing the reputation, growth, and brand distinction of leading healthcare organizations. She currently serves as Southern California Network marketing and communications leader for Adventist Health, with oversight of strategy across four hospital campuses in one of the nation's most competitive healthcare markets.

In this role, Fagen leads regional marketing, communications and brand strategy, aligning system positioning with local market dynamics to strengthen reputation, increase consumer preference, and reinforce Adventist Health's mission-driven and clinical differentiation. She drives integrated, omnichannel campaigns across traditional, digital, precision-targeted and referral channels — delivering measurable impact on volume growth, service line expansion, and physician engagement. She leads a high-performing, cross-functional team spanning strategy, creative, digital, public relations, social media, and employee communications.

**DEBORAH A. FERRINGTON**

*Chief Scientific Officer
Doheny Eye Institute*

With more than 20 years of experience in academic research, Deborah A. Ferrington, PhD, is globally recognized for her ground-breaking research on age-related macular degeneration (AMD), the leading cause of blindness among the elderly. As Doheny Eye Institute's chief scientific officer and holder of the Stephen J. Ryan-Arnold and Mabel Beckman Foundation Endowed Presidential Chair, she leads and guides the scientific community of Doheny in its mission to further the field of vision research.

It is estimated that approximately 290 million individuals will suffer from AMD by the year 2040, imposing heavy burdens on health care systems worldwide. With limited and largely ineffective treatment options available to most AMD patients, there is an urgent need for new therapeutic strategies, which is the focus of Dr. Ferrington's research. She continues this work as a scientist, offering new insight through her research.

**EVE GLAZIER**

*President, Faculty Practice Group, UCLA Health,
Health Sciences Professor of Medicine
David Geffen School of Medicine at UCLA
UCLA Health*

Eve Glazier, MD, MBA, has served as president of the UCLA Health Faculty Practice Group (FPG) since August 2017. As the organization's senior executive leader, she oversees all business and administrative operations supporting Physician Support Services, Managed Care Contracting, and the Office of Population Health and Accountable Care within one of the world's largest academic health systems.

The FPG's mission is to support UCLA clinical departments in improving operational efficiency, advancing practice strategies, and delivering exceptional patient care. The physician enterprise generates approximately \$3 billion in annual net revenue and includes approximately 3000 physicians across 280 clinical locations, six ambulatory surgery centers, and four joint-venture ambulatory surgery centers. In fall 2024, Dr. Glazier led the launch of UCLA Health's first-ever Medicare Advantage Plan, offering eligible individuals comprehensive coverage and streamlined access to care.

UCLA HEALTH CONGRATULATES



Johnese Spisso, MPA

President, UCLA Health
CEO, UCLA Hospital System
Associate Vice Chancellor, UCLA Health Sciences



Eve Glazier, MD

President, Faculty Practice Group, UCLA Health
Health Sciences Professor of Medicine,
David Geffen School of Medicine at UCLA
Host, Medically Speaking Podcast



Tammy Wallace, CPA

Chief Financial Officer, UCLA Health

for being recognized as

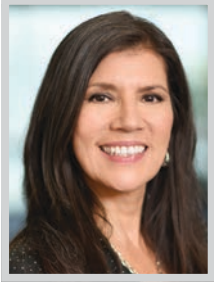
Los Angeles Business Journal's Women of Influence: Health Care

Your vision and compassionate leadership inspire the entire **UCLA Health** family and the communities it serves throughout Southern California and around the world.

UCLA Health

Keep on rising

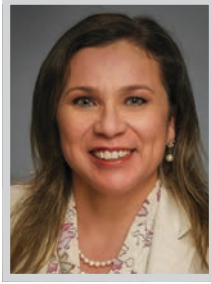
WOMEN OF INFLUENCE: HEALTH CARE

**MARISSA GOLDBERG**

Chief Executive Officer
Doheny Eye Institute

Over her more than 30-year career at Doheny Eye Institute, Marissa Goldberg continues to be a dynamic, driving force in championing innovative vision research. Under her guidance, the team of vision scientists at Doheny are supported and given the tools, resources and strategic vision to continue pushing forward Doheny's mission to further the conservation, improvement and restoration of human eyesight. Goldberg builds on her innate understanding of the framework needed to support scientific research at the world-class level and uses her business acumen to strengthen Doheny's reputation, fundraising efforts and partnerships to drive success.

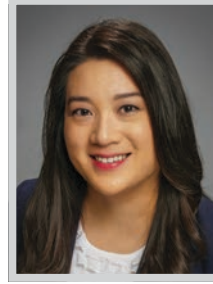
Goldberg's tireless efforts to cement Doheny's reputation as an innovative leader in vision research attracts top vision scientists from around the world. Goldberg also works to secure large endowments and facilitate the process to connect scientists with grants to fund the important work of Doheny.

**LUPE HERRERA**

Vice President, Strategy and Clinical Integration
Emanate Health

At Emanate Health, Lupe Herrera leads the areas of business development; physician enterprise (physician recruitment and physician practice acquisitions); direct health plan contracting.

Herrera has worked to help develop an integrated delivery system. She collaborated on developing and operationalizing the Emanate Health Medical Care Foundation, which is a 1206(1). This has a significant impact on health care delivery, as it aligns physicians, hospitals and ambulatory services under a unified, nonprofit enterprise. As part of the build of the medical care foundation, Herrera has successfully negotiated direct contract with major health plans. This allows Emanate Health to drive coordinated, preventative and hospital-aligned care. She has played a critical role in integrating outpatient preventive primary care, specialty care, and acute hospital services, creating a cohesive care continuum that improved access, coordination and financial performance.

**CHRISTINA HONG**

Vice President Service Lines
Emanate Health

At Emanate Health, Christina Hong leads the areas of service line and business growth across the health system; marketing and communications; public and media relations; business analytics; decision support. She also leads the business and operations of the Emanate Health Cancer Center (radiation oncology, the infusion center and hematology/oncology clinic) in partnership with the EVP & CMO, who oversees the clinical aspects of the center.

Over the years, Hong has worked closely with Emanate Health leadership on critical and strategic financial initiatives. These include procuring bonds in both 2020 and 2025 from the California Statewide Communities Development Authority (CSCDA) to fund high-impact, strategic facility projects to meet the needs of the community for years to come and to support the growth efforts of the organization. One example is the new ED-ICU at Queen of the Valley Hospital, an effort to expand critical care efforts for the community.

**CHI HUYNH**

Partner
Sheppard

Chi Huynh, a partner in Sheppard's Healthcare industry team, represents physician groups, independent physician associations, hospitals and hospital-affiliated foundations, non-profit health foundations, pharmacies and other healthcare entities in mergers and acquisitions, operational and contracting matters, and general corporate counsel matters. She is also experienced in identifying and addressing complex healthcare-related regulatory issues, including information privacy, corporate practice of medicine, anti-kickback and federal Stark issues.

Huynh joined Sheppard in 2015, bringing her extensive in-house experience as associate general counsel at IPC Healthcare, Inc., a publicly traded corporation that operates a leading, national physician group practice focused on the delivery of hospital medicine and related facility-based services. As the principal transactions attorney, Chi managed a team of in-house attorneys and paralegals in the successful negotiation, documentation and closing more than 35 acquisitions across multiple states.

NOMINATE TODAY!



LOS ANGELES BUSINESS JOURNAL

HEALTH CARE

2026 LEADERSHIP AWARDS

KNOW AN OUTSTANDING HEALTH CARE LEADER?

Join the Los Angeles Business Journal in recognizing the accomplishments of the health care leaders providing better quality health care in L.A.

**Nominate an individual or organization for the
2026 Health Care Leadership Awards today!**

NOMINATION DEADLINE: **FRIDAY, JUNE 26**



To nominate, visit labusinessjournal.com/events/hcla2026

PIH Health Congratulates

Irena Zuanic DHA MSN RN

Chief Operating Officer and Chief Nursing Officer, PIH Health Good Samaritan Hospital

Recognized among *Los Angeles Business Journal* 2026 WOMEN OF INFLUENCE: HEALTHCARE



PIH Health Good Samaritan Hospital

Irena Zuanic DHA MSN RN



PIH Health honors women in healthcare leadership and appreciates their exceptional contributions. PIH Health is a nonprofit, regional healthcare network that serves Los Angeles and Orange counties. Our fully integrated network includes 3 hospitals, over 30 outpatient facilities, 7 urgent care centers, home healthcare services, and more—all focused on providing you with world-class, award-winning care.

PIHHealth.org

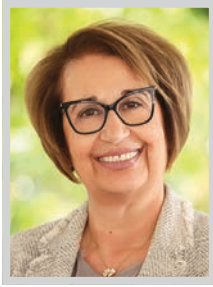
WOMEN OF INFLUENCE: HEALTH CARE

**LEILA IBUSHI-THOMPSON**

Operations Executive/Patient Care Executive
Adventist Health White Memorial
(Los Angeles + Montebello)

Leila Ibushi-Thompson, MSN, RN, NE-BC, is a highly accomplished healthcare executive whose career reflects more than two decades of progressive leadership across some of Southern California's most complex acute care environments. She currently serves in a dual executive role as operations executive and patient care executive for Adventist Health White Memorial and Adventist Health White Memorial Montebello, overseeing nursing practice, regulatory readiness, operational performance, and the advancement of quality care across both campuses. In this expanded role, she became the first woman in the hospital's history to hold both positions simultaneously.

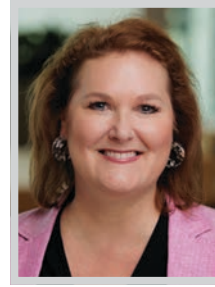
Since joining Adventist Health in 2023, Ibushi-Thompson has quickly distinguished herself as a strategic, disciplined and highly-respected leader during a period of significant organizational focus and opportunity.

**ALICE ISSAI**

President
Adventist Health Southern California Network

Alice Issai is president of Adventist Health's Southern California Network, overseeing four acute care hospitals: Adventist Health Glendale, Adventist Health Simi Valley, Adventist Health White Memorial and Adventist Health White Memorial Montebello. A respected healthcare executive with deep roots in Southern California, she is known for combining strategic vision with strong operational leadership to advance clinical excellence and expand access to care.

Since joining Adventist Health Glendale in 2018, Issai has helped elevate the hospital as a destination for advanced specialty care, strengthening programs in oncology, cardiovascular medicine, neurosciences, interventional pulmonology, advanced gastroenterology, orthopedics and other high-acuity services. Under her leadership, Adventist Health Glendale earned five consecutive five-star ratings from the Centers for Medicare & Medicaid Services (2020–2024).

**ELIZABETH LaBORDE**

President
Adventist Health Glendale and
Simi Valley Foundations

Elizabeth LaBorde is a highly accomplished healthcare philanthropy executive whose career spans more than three decades of leadership in fundraising, strategic development, and mission advancement. As president of Adventist Health Glendale Foundation and Adventist Health Simi Valley Foundation, she provides visionary leadership across both organizations, guiding multi-million-dollar philanthropic initiatives that expand clinical innovation, strengthen community partnerships, and enhance care for patients and families across Southern California.

Since joining Adventist Health Glendale in 2021, LaBorde has played a transformative role in elevating philanthropy as a strategic driver of growth and mission impact. Under her leadership, Adventist Health Glendale secured the largest gift in the hospital's history, a milestone achievement that reflects both her exceptional fundraising ability and her talent for inspiring confidence in the organization's vision.

**CHRISTINE LOVLY**

Division Chief of Thoracic Medical Oncology
City of Hope

Christine M. Lovly, MD, PhD, FASCO, is an internationally recognized lung cancer expert and physician-scientist specializing in precision medicine. Her research focuses on defining the molecular drivers of lung cancer and uncovering mechanisms of resistance to targeted therapies, particularly in tumors with EGFR and ALK alterations. By seamlessly integrating laboratory discovery with clinical application, she has established a true bench-to-bedside approach that informs biomarker-driven clinical trials and highly individualized treatment strategies. She is a leading voice in the use of liquid biopsy and circulating tumor DNA to monitor disease evolution and guide therapy, and has played a pivotal role in advancing these tools toward routine clinical practice.

Through her leadership, City of Hope is expanding its multidisciplinary thoracic oncology program, increasing access to advanced genomic testing and innovative clinical trials for patients across Southern California and beyond.


VISION RESEARCH MATTERS

Where Vision Meets Discovery

Doheny Eye Institute celebrates the women whose leadership, insight, and dedication are shaping the future of healthcare. Their influence expands what's possible by advancing vision research at Doheny in pursuit of a future where sight can be preserved and restored.

Congratulations to Marissa Goldberg, CEO and Deborah Ferrington, PhD, CSO on being recognized by the *Los Angeles Business Journal* as **Women of Influence: Health Care 2026**.

 **DOHENY**
EYE INSTITUTE

Affiliated with  Stein Eye Institute



Marissa Goldberg
Chief Executive Officer



Deborah Ferrington, PhD
Chief Scientific Officer



Discover how you can support sight-saving research.
Visit Doheny.org.

Improving Vision. Restoring Sight. Changing Lives.

TRAILBLAZING

Keck Medicine of USC celebrates our leaders named
Women of Influence: Health Care.

Their dedication pushes innovation forward and fuels our mission to deliver extraordinary care and help patients live their best lives.



Smitha Ravipudi
CEO, USC Care Medical Group
Keck Medicine of USC

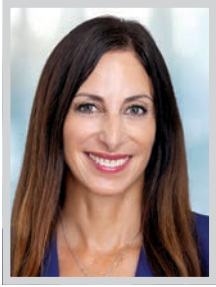


Shawn Sheffield
Chief Strategy Officer
Keck Medicine of USC

TOGETHER WE ARE LIMITLESS



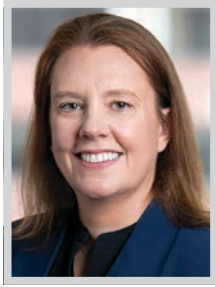
WOMEN OF INFLUENCE: HEALTH CARE

**TORREY McCLARY**

Health Care Partner
Ropes & Gray LLP

Torrey McClary has structured and negotiated some of the most prominent and complex health system deals in California and across the country, guiding organizations on key strategic, legal and operational decisions. Her practice focuses on transformational projects for clients while maintaining a robust national presence. She advises academic medical centers, nonprofit hospitals, and health systems through highly-regulated, mergers, consolidations, affiliations and other innovative transactions.

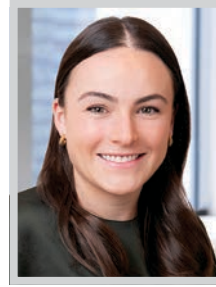
A founding partner of Ropes & Gray's Los Angeles office, which opened in 2022, McClary has demonstrated strong leadership and entrepreneurial vision. She has grown the firm's top-tier health care platform and built a talented legal team to serve California-based and national clients on complex deals, regulatory matters and other critical legal issues. McClary served as lead counsel on one of the largest health care transactions of the past decade: Atrium Health's strategic combination with Advocate Aurora Health to create Advocate Health.

**ELLEN MONTZ**

Managing Director
Manatt, Phelps & Phillips, LLP

Ellen Montz is a managing director with Manatt Health who focuses on advising clients on complex federal and state insurance market regulations and policies, state Medicaid programs and Affordable Care Act (ACA) Marketplaces, and multifaceted program and policy strategy and implementation. A nationally respected health care leader, Montz leverages her experience running large health insurance programs and her deep understanding of health insurance markets and operations to help clients position themselves for success.

Montz is the former deputy administrator and director at the Center for Consumer Information and Insurance Oversight (CCIIO) at the Centers for Medicare and Medicaid Services. At CCIIO, she led the operation of the ACA's federal Marketplace (healthcare.gov), federal regulation of the commercial health insurance market and the implementation of the consumer protections and transparency programs under the No Surprises Act.

**KAYLEE O'CONNOR**

Director
Manatt, Phelps & Phillips, LLP

With deep expertise in Medicaid and the Children's Health Insurance Program (CHIP), Kaylee O'Connor, a director with Manatt Health, serves as a trusted advisor to states and other health care stakeholders navigating some of the most consequential federal Medicaid transitions in decades. From the COVID-19 public health emergency through the nationwide "unwinding" of the federal Medicaid continuous enrollment condition and into the current era of sweeping federal policy change under H.R.1, O'Connor pairs deep policy expertise with practical implementation strategy.

Beginning in 2020, O'Connor provided in-depth technical assistance to more than a dozen states responding to the COVID-19 public health emergency. She worked directly with state officials to analyze rapidly evolving federal legislation and guidance and develop strategies to stabilize state agency workforces and eligibility operations, support providers and mitigate disruptions to coverage and care for enrollees.

**SMITHA RAVIPUDI**

CEO, USC Care Medical Group CEO,
Ambulatory Care Services
Keck Medicine of USC

Smitha Ravipudi, MPH, is chief executive officer of USC Care, Keck Medicine of USC's network of nearly 1400 physicians who provide outpatient services and procedures. She is also CEO of Keck Medicine's ambulatory care services.

In these roles, Ravipudi is responsible for health system operations in more than 100 regional outpatient locations, (which span across Kern, Los Angeles and Orange Counties and Las Vegas), hospital-based clinics, Keck School of Medicine of USC department clinics and outpatient joint-venture partnerships and community practices. She oversaw the creation of the new state-of-the-art 100,000 square-foot medical office building in Pasadena that opened in the fall of 2025. This is the largest stand-alone clinic in the health system, and offers more than 15 service lines as well as an outpatient surgery center and imaging center. This new office building solidifies Keck Medicine's position in the San Gabriel Valley.

**SUNITHA REDDY**

Chief Revenue Officer; Vice President of Operations
Prime Healthcare

Sunitha Reddy MBA, MPH, FACHE, is the chief revenue officer/vice president of operations for Prime Healthcare, the fifth largest for-profit health system in the United States with 54 hospitals in 15 states, more than 360 outpatient locations and over 60,000 employees and affiliated physicians. In her leadership role, Reddy drives innovation throughout Prime Healthcare through the planning and directing of Prime Healthcare's operational and financial strategy and initiatives. She is responsible for the attainment of short- and long-term financial and operational goals and collaborates with other leaders to guide the development of Prime Healthcare's future growth.

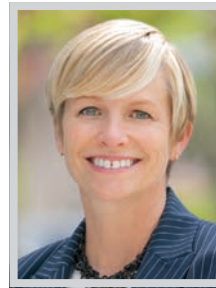
Reddy works closely with local leadership and chief medical officers to strengthen case management departments and streamline hospital clinical workflows. She spearheaded the development of a strategic vendor outsourcing program, the implementation of new technologies and platforms, optimization of revenue cycle IT systems and improved point-of-service collections, yielding a multi-million-dollar bottom line improvement.

**ANGELIQUE RICHARD**

Chief Operating Officer
City of Hope

Angelique L. Richard, PhD, RN, serves as chief operating officer of City of Hope, where she plays a central role in advancing the organization's operational excellence, patient-centered care delivery, and clinical workforce strategy across the system. As COO, she oversees the complex operations that support high-acuity cancer and diabetes care, ensuring consistency, quality and efficiency across City of Hope's hospitals and ambulatory sites. With a strong clinical background, she has been instrumental in fostering care models that emphasize safety, compassion and collaboration, while also supporting initiatives that enhance clinician experience and reduce administrative burden.

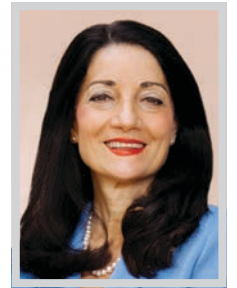
Her leadership has helped strengthen alignment across sites in Los Angeles County and beyond, ensuring patients receive a consistently high standard of care regardless of location. Through a focus on operational rigor, workforce well-being, and continuous improvement, Richard has had a lasting influence on how City of Hope delivers care at scale while remaining deeply patient-focused.

**SHAWN SHEFFIELD**

Chief Strategy Officer
Keck Medicine of USC

Shawn Sheffield, MBA, MHSA, is a highly regarded and energetic health care executive with deep experience in academic medicine. Sheffield has led Keck Medicine of USC's clinical growth and expansion efforts for over a decade. Under her leadership, the health system's annual revenue has more than tripled, to now over \$3.4 billion. During her tenure, she developed a regional network that spans from Bakersfield to Irvine. Sheffield oversees network development, including mergers and acquisitions, strategic partnerships, capital and venture planning and physician alignment strategies.

Sheffield's most recent accomplishment is leading the development and opening of the state-of-the-art 100,000 square-foot medical office in Pasadena that opened in the fall of 2025, containing more than 15 service lines, including comprehensive oncology care, orthopedic and cardiac care, as well as an outpatient surgery center and imaging center.

**JOHNESE SPISSO**

President, UCLA Health; CEO, UCLA Hospital System; Associate Vice Chancellor,
UCLA Health Sciences
UCLA Health

Johnese Spisso is a nationally recognized academic health care leader with more than 40 years of experience across clinical, operational and executive roles. In 2016, she was recruited to serve as president of UCLA Health, CEO of the UCLA Hospital System, and associate vice chancellor of UCLA Health Sciences.

As president and CEO, Spisso leads the UCLA Health system, which includes UCLA Ronald Reagan Medical Center, UCLA Mattel Children's Hospital, Resnick Neuropsychiatric Hospital at UCLA, UCLA Santa Monica Medical Center, UCLA West Valley Medical Center, and a network of more than 280 primary and specialty care clinics throughout Southern California. Her oversight also extends to the UCLA Health Homeless Healthcare Collaborative and the UCLA Faculty Practice Group. She is responsible for all aspects of health system operations and regional outreach at the local, state, national and international levels.



Emanate Health congratulates our 2026 Women of Influence in Health Care honorees!



Lupe Herrera

*Vice President Strategy
and Clinical Integration*



Christina Hong

*Vice President
Service Lines*



Jacqueline Bracy, MD

*President, Emanate Health
Medical Group*



**Inter-Community
Hospital**



**Queen of the Valley
Hospital**



**Foothill Presbyterian
Hospital**

Emanate Health is the largest nonprofit health system in the San Gabriel Valley. Our health system, which includes three hospitals and nearly 20 ambulatory sites, provides award-winning care to the one million residents of this region. Our nationally-recognized teams and top-rated doctors provide specialized care in areas such as behavioral health, cancer, cardiovascular, neuroscience and stroke, orthopedics, sports medicine and women's health.

**Your Community. Your Hospitals. Your Doctors.
Bringing Care Closer to Home.**

Learn more at EmanateHealth.org

or

Follow us for our most recent news



WOMEN OF INFLUENCE: HEALTH CARE

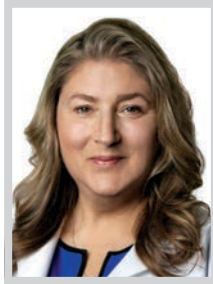


JUDY SUWATANAPONGCHED

Partner
Sheppard

Judy Suwatanapongched is a seasoned trial lawyer who guides healthcare clients through every phase of litigation—from early case assessment and motion practice through mediation, trial and judgment enforcement—obtaining favorable resolutions in high-stakes disputes. She represents healthcare clients across California and nationwide in litigation involving breach of contract, fraud, privacy rights and more.

Suwatanapongched brings clear communication, organization and a solutions-oriented approach to the skillful implementation of each litigation strategy. She leads legal teams in complex discovery, e-discovery and trial preparation, and is a member of the firm’s E-Discovery team and technology advisory council. She also handles due diligence review of litigation-related risks for mergers, acquisitions and other transactions. Recently, she played a key role in a high-stakes, multi-front legal battle to secure a landmark \$45 million settlement for Los Angeles-based Prospect Medical Holdings.



DEBBIE THURMOND

Director, Arthur Riggs Diabetes & Metabolism
Research Institute
City of Hope

Debbie C. Thurmond, PhD, is a nationally recognized leader in diabetes research and serves as director of the Arthur Riggs Diabetes & Metabolism Research Institute at City of Hope. She oversees a comprehensive research portfolio focused on advancing the understanding, prevention and treatment of Type 1 and Type 2 diabetes. Her own research centers on the molecular and cellular mechanisms that regulate insulin secretion, insulin resistance, and the health and function of insulin-producing beta cells—work that is foundational to the development of future therapeutic approaches.

Under her leadership, City of Hope has continued to strengthen its position in diabetes and metabolic research through highly funded, multidisciplinary programs with a strong emphasis on translational impact. As both a distinguished scientist and institutional leader, Thurmond plays a key role in advancing research that bridges basic discovery and clinical relevance within City of Hope’s integrated research environment.

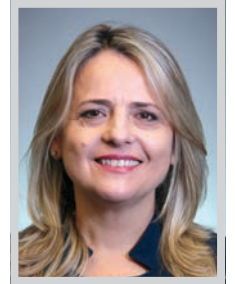


TAMMY WALLACE

Chief Financial Officer
UCLA Health

Tammy Wallace, CPA serves as chief financial officer of the UCLA Health System. In this role, she provides enterprise-wide strategic and financial leadership for a \$8 billion health system encompassing hospitals, clinics, physician enterprises, managed care, and joint ventures. Her scope of responsibility includes oversight of the revenue cycle, accounting and audit, financial planning and decision support, supply chain, mergers and acquisitions, and contracting. She plays a central role in evaluating internal and external market opportunities, driving enterprise cost-savings initiatives, supporting strategic growth, and advancing the adoption of innovative financial and operational technologies.

Under Wallace’s leadership, UCLA Health has strengthened its financial performance while continuing to invest aggressively in growth, access, and clinical excellence. She has led long range financial planning that aligns capital deployment and margin targets with enterprise growth and market positioning—which will enable more than \$10 billion in capital investment over the next 10 years.



IRENA ZUANIC

Chief Operating Officer and Chief Nursing Officer,
PIH Health Good Samaritan Hospital
PIH Health

Irena Zuanic DHA, MSN, RN serves as chief operating officer and chief nursing officer of PIH Health Good Samaritan Hospital, a 408-bed acute care hospital in downtown Los Angeles that has served a diverse and growing community for more than 140 years. Since joining the organization in 2019—just prior to its acquisition by PIH Health—Irena has played an instrumental role in guiding the historic downtown Los Angeles hospital through transformational change, operational integration, and continued clinical excellence.

In her expanded role as COO (in addition to CNO), Zuanic oversees all inpatient nursing units, emergency services, perioperative and perinatal services, inpatient dialysis, physical and occupational therapy, and hospital operations. She also provides executive oversight for key ancillary departments including cardiology, catheterization lab, radiology and interventional radiology, respiratory services, and neurology operations. Her scope reflects the trust placed in her strategic vision and leadership capabilities.

LOS ANGELES BUSINESS JOURNAL

HEALTH CARE SPOTLIGHT

ALIGN YOUR BUSINESS WITH OUR EXTENSIVE HEALTH CARE PORTFOLIO

The **Los Angeles Business Journal** continues to recognize the important role the health care industry has played in providing the best medical care to our affluent readers. LA is home to so many world-class medical treatment and research centers and our readers are fortunate to have access to such exceptional care and choices. We are committed to educating our readers so they can be informed and lead healthier lives.

LISTS

- Bioscience Companies
- Employee Benefits
- Health Insurers
- Hospitals

SPECIAL REPORTS

- Health Care
- Bioscience and Biotech

SPECIAL EDITIONS

- LA500
- Wealthiest Angelenos
- THE LISTS 2027

LEADERS OF INFLUENCE

- Top LA Doctors
- Women in Health Care

BRANDED CONTENT

- Cancer Awareness
- Health Care Roundtable
- Breast Cancer Awareness
- Heart Health Awareness
- Giving Guide

EVENTS

- Market Outlook + Trends
- Health Care Leadership Awards
- Women’s Leadership Symposium & Awards



For more information and to secure space, please contact advertising@labusinessjournal.com

Physician-Founded.
Physician-Led.
Patient-Centered.
Award-Winning Care.

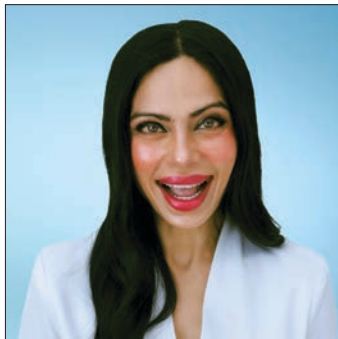
Fourth-Largest Health System
in the Nation



St. Francis Medical Center, Lynwood, CA

Congratulations to Prime Healthcare's "Women of Influence" of 2026

Your dedication and commitment inspire us all.



**KAVITHA
BHATIA, MD**
MMM, FAAP, FACHE

President and Chair,
Prime Healthcare Foundation &
Chief Medical Officer of Strategy,
Prime Healthcare



**SUNITHA
REDDY, MBA**
MPH, FACHE

Chief Revenue Officer
& Vice President
of Operations,
Prime Healthcare

**Honored as a Woman of
Influence for seven
consecutive years**

Every award tells the story of a life touched by Prime Healthcare. Each one is a testament to compassionate care and clinical excellence for our patients and communities across the nation.



Prime Healthcare by the Numbers

- 54** Hospitals saved
- 15** States with Prime hospitals
- 21** Not-for-profit hospitals
- 3.0M** Patient visits annually
- 600+** Communities served
- 60,000+** Staff and affiliated physicians
- 10,767** Licensed beds
- \$16B** Charitable contributions since 2010
- \$3.63B** Capital improvements since 2005

WOMEN OF INFLUENCE: HEALTH CARE

Empowering the Future: Top Trends Women Health Care Leaders are Observing in 2026

As the healthcare industry enters 2026, women leaders and executives are at the forefront of profound change. Women now hold prominent roles across health systems, payers, life sciences, and digital health companies, as evidenced by recognitions such as the Los Angeles Business Journal's collection of profiles in this issue.

These executives—many with clinical backgrounds—bring perspectives shaped by workforce realities, patient advocacy, and a commitment to equity. They report a sector under financial pressure yet poised for innovation, with AI, consumer empowerment, and women's health emerging as dominant forces.

One unmistakable trend is the rapid scaling of artificial intelligence and digital tools. Deloitte's 2026 US Health Care Outlook survey of C-suite executives reveals that generative and agentic AI top strategic priorities, with over 80 percent of leaders anticipating moderate-to-significant value in clinical, operational and administrative functions.

Women executives highlight AI's dual promise and pitfalls: it reduces documentation burdens (one study cited 20 percent time savings per clinician) and supports diagnostics, yet requires vigilant governance to mitigate bias—particularly in women's health data, where “male default” assumptions persist. Leaders like those advancing FemTech platforms emphasize AI-enabled wearables and remote monitoring as mainstream tools for personalized, preventive care. Virtual visits, once optional, now feel

indispensable; more than 90 percent of users would repeat them. These technologies are easing workforce strain amid shortages while enabling hybrid models that blend in-person and at-home care.

Closely tied to technology is the mainstreaming of women's health. Once marginalized, this area is shifting “from margin to main-stream,” according to PwC analysis, with a projected global market exceeding \$600 billion by 2030. Conditions unique to or disproportionately affecting women—menopause, endometriosis, cardiovascular differences, autoimmune disorders—are finally drawing investment. Private capital has poured nearly \$60 billion into the space since 2020, expanding beyond fertility into AI diagnostics, non-hormonal therapies, and longitudinal digital platforms. Women leaders observe this as both economic opportunity and moral imperative. They note that women drive most healthcare decisions yet face persistent gaps in research and access.

Executives champion sex-specific R&D, biomarker-driven personalization, and integrated care models that address life-stage transitions rather than isolated symptoms. GLP-1 therapies and healthspan-focused innovations further amplify prevention, helping employers and payers manage chronic conditions more effectively.

Consumer-centric care and value-based models represent another priority. With only 38 percent of US healthcare spending directed toward prevention and well-being, leaders are

Women executives highlight AI's dual promise and pitfalls: it reduces documentation burdens and supports diagnostics, yet requires vigilant governance to mitigate bias—particularly in women's health data, where “male default” assumptions persist.

investing in digital platforms that aggregate data from electronic health records, wearables, and community resources. Cross-industry partnerships—with tech giants, retailers, and nonprofits—are accelerating, as 80 percent of executives in Deloitte's survey prioritize such collaborations. Ambulatory surgery centers, home health, and price transparency are gaining traction, shifting volume from high-cost hospital settings. Women executives, often attuned to social determinants of health, stress equitable access, especially in rural areas where service gaps persist. They view these shifts as essential for building resilience against policy volatility, including Medicaid disenrollments and ACA subsidy changes flagged in McK-

insey's 2026 outlook.

Finally, leadership itself is evolving. Amid regulatory uncertainty—43 percent of executives feel neutral or uncertain about the near-term outlook—women leaders emphasize empathetic, trauma-informed approaches. They model authenticity, sponsor emerging female talent, and prioritize workforce retention through clearer expectations and reduced administrative loads. Harvard programs and industry events underscore the need to close the executive gender gap, ensuring women move into roles with budget and strategic authority.

In 2026, these trends signal not disruption for its own sake but deliberate reinvention. Women executives see AI as an efficiency engine, women's health as an untapped value pool, digital tools as equity enablers, and collaboration as the path to sustainable growth. Their vantage point—rooted in clinical insight and lived experience—positions them to lead healthcare toward more personalized, preventive and inclusive models. As one Cigna chief medical officer noted, breakthroughs in AI and therapies are redefining health itself, creating opportunities for better outcomes and simpler experiences. The women steering these changes are optimistic: the industry's challenges are real, but so is its potential when diverse leaders drive the agenda.

Information for this article was provided by Deloitte, PwC, McKinsey and Cigna.

Advancing Your Career in the Health Care Industry

Advancing in the health care industry—whether in clinical, administrative, or executive roles—requires a combination of strategic career planning, leadership development, and strong professional networks. For women in particular, navigating advancement can also mean proactively addressing structural barriers while leveraging unique strengths. Here are practical tips and best practices that women can use to grow into leadership roles in health care in 2026 and beyond.

1. Be intentional about career direction

Many successful women leaders emphasize the importance of having a clear vision. Health care is vast—ranging from hospital administration to digital health, biotech, and policy—so defining your path early helps guide decisions about roles, certifications and skill-building. Regularly reassess your goals and align them with emerging industry trends like telehealth, AI and value-based care.

2. Build both clinical and business acumen

One of the biggest differentiators for leadership roles is the ability to understand both patient care and business operations. Women aiming for executive positions should develop fluency in finance, operations and strategy. This might mean pursuing an MBA, certifications, or simply seeking cross-functional projects that expose you to budgeting, analytics, or organizational decision-making.

3. Seek out sponsors — not just mentors

Mentors provide guidance, but sponsors actively advocate for your advancement. Identify senior leaders who can open doors, recommend you for promotions, and connect you to

high-visibility opportunities. Don't hesitate to express your ambitions—many sponsors step in when they see clarity and initiative.

4. Develop a strong leadership voice

Executive presence matters. This doesn't mean changing your personality, but rather becoming confident in communicating ideas clearly and assertively. Practice speaking up in meetings, presenting to leadership, and articulating your impact. Strong communication skills are consistently cited as a key factor in career advancement.

5. Prioritize networking and relationship-building

Relationships are critical in health care, where collaboration is constant. Join industry associations, attend conferences, and participate in leadership forums. Building a strong internal and external network increases visibility and exposes you to new opportunities, partnerships and career pathways.

6. Embrace technology and innovation

Health care is rapidly evolving with advancements in AI, digital health platforms, and data analytics. Women who proactively build digital literacy and stay informed about emerging technologies position themselves as forward-thinking leaders. Even non-technical roles now require comfort with data-driven decision-making.

7. Advocate for yourself—and track your impact

Women are often less likely to self-promote, but documenting and communicating your achievements is essential. Keep a record of measurable outcomes—cost savings, patient



outcomes, efficiency improvements—and share them during performance reviews or promotion discussions. Make your contributions visible.

8. Take strategic risks

Career growth often requires stepping outside your comfort zone. This could mean taking on a challenging role, moving into a new department, or leading a high-stakes initiative. Many women leaders cite pivotal “stretch roles” as key turning points in their careers.

9. Find organizations that support growth and inclusion

Not all workplaces are equally supportive. Look for organizations that prioritize diversity, equity and inclusion, offer leadership develop-

ment programs, and have women represented at senior levels. Culture plays a major role in long-term career success.

10. Invest in continuous learning

Health care is one of the fastest-changing industries. Staying current through certifications, workshops and continuing education is critical. Leadership development programs, especially those focused on women in health care, can also provide targeted skills and peer support.

11. Maintain resilience and work-life integration

Leadership roles can be demanding, and burnout remains a real challenge in health care. Successful women leaders often emphasize resilience, boundary-setting, and finding a sustainable balance. This isn't just about personal well-being—it's also about maintaining long-term performance and effectiveness.

12. Lift others as you rise

Finally, one of the most powerful ways to advance is by helping others do the same. Mentoring junior colleagues, supporting peers, and contributing to a culture of inclusion not only strengthens organizations but also builds your reputation as a leader.

Women advancing in health care today are doing so by combining expertise, adaptability, and strategic visibility. By taking ownership of career growth, building strong networks, and staying ahead of industry changes, women can position themselves not just to succeed—but to lead transformation across the health care sector.

Congratulations to our Women of Influence!



Women of Influence from left to right: **Alice Issai**, President, Adventist Health Southern California Network and Adventist Health Glendale. **Anita Chou**, Finance Officer, Adventist Health Southern California Network. **Liz Cochran**, Operations Executive, Adventist Health Glendale. **Jennifer Fagen**, Marketing and Communications Director, Adventist Health Southern California Network. **Leila Ibushi-Thompson**, Operations Executive/Patient Care Executive, Adventist Health White Memorial (Los Angeles + Montebello). **Elizabeth LaBorde**, President, Adventist Health Glendale and Simi Valley Foundations.

Thank you for advancing clinical excellence and expanding access to world-class care to our Southern California communities.

Adventist Health honors women in healthcare leadership and appreciates their exceptional contributions.

WOMEN OF INFLUENCE: HEALTH CARE

Collaboration Forms to Advance Women's Health

The US Department of Health and Human Services (HHS), through its Office on Women's Health, recently announced a formal Memorandum of Understanding (MOU) with the American Urological Association, the American Urological Education and Research, and the Urology Care Foundation (together, the AUA) to promote the appropriate and evidence-based use of local estrogen therapy in postmenopausal women, particularly those experiencing genitourinary syndrome of menopause (GSM) and recurrent urinary tract infections (UTIs).

The collaboration reflects a unified commitment by both institutions to improving women's health, preventing disease, and enhancing quality of life through safe and effective therapies. Together, HHS and the AUA will exchange information, develop educational resources, and work collaboratively to reach health care providers and women across the country.

"This collaboration represents an important step forward in addressing a significant and often undertreated women's health concern," said Dorothy A. Fink, MD, principal deputy assistant secretary for health and director of the HHS Office on Women's Health. "Many postmenopausal women are not aware that local estrogen therapy is a safe and effective treatment for GSM and recurrent UTIs. By joining forces with the AUA, we can ensure that clinicians and patients alike have access to clear, evi-



dence-based guidance."

Postmenopausal estrogen decline causes predictable physiological changes — including thinning of the urogenital epithelium, loss of glycogen and protective lactobacillus flora, elevated pH, and increased susceptibility to bacterial colonization — that significantly raise the risk of recurrent UTIs, urosepsis, urinary urgency and frequency, pelvic pain, and sexual dysfunction.

Recurrent UTIs in postmenopausal women carry serious complications, including:

- Repeated antibiotic exposure and growing antimicrobial resistance
- Emergency department visits and hospitalization
- Life-threatening urosepsis
- Evidence demonstrates that local estrogen therapy restores urogenital tissue health, lowers pH, reestablishes protective flora, and significantly reduces recurrent UTIs, thereby lowering the risk of progression to systemic infection and sepsis. Reducing UTI frequency directly decreases morbidity, health care utilization, and

potentially mortality.

Local estrogen therapy has been shown to:

- Strengthen urogenital tissue
- Improve lubrication and elasticity
- Reduce dyspareunia
- Improve sexual desire and enhance orgasmic satisfaction
- Decrease urinary urgency and frequency
- Reduce urinary incontinence
- Diminish chronic pelvic discomfort

Under the MOU, HHS and the AUA will collaborate over an anticipated period of up to five years. Key commitments include:

- HHS will increase clinician education and public awareness regarding GSM and local estrogen therapy
- The AUA will share expertise on the diagnosis and management of GSM and its impacts on women's health
- Both parties will jointly educate health care providers and women on the appropriate and evidence-based use of local estrogen therapy in postmenopausal women, and assess the impact of the initiative

The MOU is effective for an initial period of one year and may be extended by mutual agreement for up to five years. It may be terminated by either party upon 60-days written notice.

Learn more at [HHS.gov](https://www.hhs.gov).

A Polygenic Risk Score May Predict Future Breast Cancer in Patients

Patients diagnosed with abnormal breast cells were more likely to receive a later diagnosis of breast cancer if their 313-SNP breast cancer polygenic risk score was high

In a retrospective study, the 313-SNP breast cancer polygenic risk score (PRS313) blood test could predict future incidents of breast cancer in women diagnosed with ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS), according to a paper published in *Cancer Epidemiology, Biomarker & Prevention*, a journal of the American Association for Cancer Research (AACR).

Breast cancer is the most common form of cancer in women and contributes to more than 15% of all new cancer cases in the United States. Abnormal cells in the breast ducts (DCIS) and breast lobules (LCIS) can develop into breast cancer, but scientists cannot currently predict which DCIS and LCIS cases will go on to become breast cancer, said Elinor J. Sawyer, PhD, the study's senior author and professor of clinical oncology at King's College London in the United Kingdom.

"It is therefore very important that we find ways to predict which women with DCIS and LCIS are most likely to develop invasive breast cancer in the future so they can be given the most appropriate treatment and avoid unnecessary treatment," she said.

The study's lead author, clinical informa-

tion analyst Jasmine Timbres at King's College London, wanted to test whether PRS313 could be a useful tool in filling this gap in risk assessment and guiding treatment. PRS313 is a test that estimates a patient's breast cancer risk by quantifying which of 313 breast cancer-associated gene abnormalities called SNPs they have. Because PRS313 has been previously validated as a genetic test that can predict the risk of breast cancer in women with no cancer history, Timbres hypothesized that it could be used as a prediction factor for the risk of breast cancer in patients with DCIS or LCIS.

To test the predictive power of PRS313 in DCIS and LCIS patients, the researchers analyzed the datasets from the UK ICI-CLE and GLACIER studies. The team assessed the PRS313 scores and follow-up data from 2,169 DCIS cases and 185 LCIS cases. For patients with DCIS, the researchers stratified the PRS313 scores into quartiles and compared them with outcomes. For patients with LCIS, they measured associations between increasing PRS313 scores and outcomes.

The study found that, among patients with DCIS, those with PRS313 scores in the highest quartile were 2.03 times as likely to develop cancer in the breast opposite the original breast (i.e., the contralateral breast) compared with patients in the lowest PRS313 quartile. However, the association between a higher PRS313 and future same-breast (ipsilateral) cancer in patients with DCIS was not significant.

In patients with LCIS, an increasing PRS313 score was associated with an increased risk of ipsilateral breast cancer, being 2.16 times more likely to develop ipsilateral disease per increase in PRS313.

Family cancer history also appeared to play a role. The researchers found that, in patients with a family history of breast cancer, increases in PRS313 were associated with a more than threefold increase in the risk of ipsilateral disease after LCIS, and the risk increased to fourfold if patients who had received mastectomy and radiotherapy for their cancer were excluded.

informed choices about their treatment options and what's right for them."

Sawyer noted, "Although more work still needs to be done to confirm the results of this study in other groups of patients or assess additional genetic changes, the results are very promising and have the potential to influence treatment decisions."

The study's limitations include PRS313's

'It is therefore very important that we find ways to predict which women with DCIS and LCIS are most likely to develop invasive breast cancer in the future so they can be given the most appropriate treatment and avoid unnecessary treatment.'

ELINOR J. SAWYER, PhD
King's College

"LCIS is not always surgically removed or treated with hormone therapies, as it is considered lower risk than DCIS. However, these results indicate that those with a family history may benefit from such additional treatments, which could reduce their risk of further cancer," Timbres said.

"The associations found in this study could be useful in helping women decide their treatment options after a diagnosis of DCIS or LCIS," she added. "By looking at the full picture, rather than just how cells look under a microscope, we can give women more accurate information about their personal risk of recurrence. This could help them make more

design as a risk score for invasive disease specifically, and the study therefore may not have tested for important but as-yet-unknown genetic changes associated with in situ breast disease. Another limitation is that the number of women with LCIS in the study's cohorts was quite small, which may have led to the researchers not detecting statistically significant associations.

The study was funded by Breast Cancer Now, Cancer Research UK, and the Biomedical Research Centre at Guy's and St Thomas' NHS Foundation Trust and King's College London.

Learn more at [aacr.org](https://www.aacr.org).



Cancer breakthroughs at the speed your diagnosis deserves.

Pursuing cancer cures at the speed of life.

In the race to beat cancer, we're not just keeping pace. We're hundreds of life-changing discoveries ahead. As one of the nation's largest and most advanced cancer research and treatment organizations, this is hope for millions around the world.

cityofhope.org

