



Chandler Regional Medical Center Community Health Implementation Strategy 2016-2018

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EXECUTIVE SUMMARY

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The city of Chandler is primarily served by Chandler Regional Medical Center (CRMC). Chandler is a growing and diverse city in Maricopa County, Arizona with nearly 250,000 residents of many ethnicities, various incomes and education levels. Surrounding communities include Gilbert, Mesa, Tempe, Ahwatukee, Sacaton, Apache Junction, Casa Grande, Pinal County, Gila River Indian Reservation, and Guadalupe.

Chandler is home to several major industrial firms that include Intel, Microchip and Orbital. However, despite economic growth, there continues to be many factors and social determinants of health in the suburban Chandler Communities that need to be addressed in order to improve the health and wellbeing for the broader community and the underserved. According to the Community Need Index (CNI), a proprietary tool developed by Dignity Health, the primary service area includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risk include 85122, 85128, 85139, 85202, 85225, 85282, and 85283.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at: <http://www.dignityhealth.org/chandlerregional/about-us/community-benefit-and-outreach/documents/dignity-chandler-regional-report-2016>. Additional details about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are:

Access to Care

Within CRMC's primary service area, one out of every seven residents lack health insurance. Additionally, there are disparities experienced across members of certain racial/ethnic backgrounds, in particular with Hispanics and American Indians. One out of every three adults reports not having a regular doctor.

Problems of Aging

Problems of aging were ranked in the top five areas of concern by key informants and two disease-specific categories were highlighted within this broader category: Alzheimer's and cardiovascular disease.

Mental/Behavioral Health

Mental health was ranked as the most important health problem impacting the community by key informants. This was echoed by participants in the focus groups who believe mental health is one of top health issues impacting community residents. Mental health is among the top ten leading causes of emergency department visits. Substance abuse was one of the top concerns for both focus group participants and key informants.

Diabetes

Diabetes is the seventh leading cause of death in CRMC's primary service area indicating a sustained health need. Additionally, the number of adults reporting they have been told they have diabetes is increasing.

Injury

Unintentional injury is the sixth leading cause of death for CRMC's primary service area. It is also the leading cause of emergency department visits and the second leading cause of inpatient discharges.

Cancer

Cancer remains the leading cause of death in CRMC's primary service area and was identified as one of the top five areas of concerns from key informants. The highest site-specific cancer incidence rate in the primary service area is due to lung cancer.

Over the next three years, Chandler Regional Medical Center plans to support current, expanded and new programs through hospital resources, grants, foundation funding, and partnerships. Current programs include:

- ACTIVATE transitional care program
- Building Blocks for Children Hearing and Visions Screening Program
- Center for Diabetes Management
- Center for Faith Health Ministries
- Chronic Disease Self-management Program
- Community of Care Grants Program
- Community Education: Prenatal classes: Childbirth, Baby Your Baby, Art of Breastfeeding
- Dignity Health Children's Dental Clinic
- Early Childhood Oral Health Program
- Immunization Program
- Support groups: Breastfeeding, Pregnancy and Postpartum Adjustment, Stroke, and Better Breathers support group for Chronic Obstructive Pulmonary Disease (COPD) and asthma
- Teen Pregnancy and Parenting Program
- Think First Injury Prevention

This report is available upon request, distributed to key community partners, board members and constituents, and is on the Chandler Regional Medical Center and Dignity Health websites at <http://www.dignityhealth.org/cm/content/pages/Community-Benefit.asp>, <http://www.dignityhealth.org/chandlerregional/about-us/community-benefit-and-outreach>

Written comments on this report can be submitted to the Chandler Regional Medical Center's Community Integration Department or by e-mail to Chandler-CHNA@DignityHealth.org

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

HOSPITAL DESCRIPTION

Chandler Regional Medical Center (CRMC), a member of Dignity Health, is the longest established hospital in the southeast valley, providing more than 50 years of service to the community. Since the beginning, our commitment to quality patient care and service to our community has been the focus. Established as a small community hospital with 40 beds and 25 employees, Chandler Regional Medical Center has grown into a comprehensive acute-care hospital that provides a full spectrum of services including a Level I Trauma Center, open heart surgery program, neurosurgery, orthopedics, and high risk obstetrics and newborn services. With 338 acute-care licensed beds, more than 2538 employees and 976 physicians representing all major specialties, Chandler Regional Medical Center provides comprehensive care, from routine check-ups and diagnostic services to a wide range of specialties including advanced diagnostic, surgical, robotics and intensive care services.

OUR COMMITMENT

Rooted in Dignity Health’s mission, vision and values, Chandler Regional Medical Center is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Benefit Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

Chandler Regional Medical Center is committed to meeting the health needs of the community by ensuring implementation of successful programs that meet the specific needs of the people it serves. Success is achieved through assessment of community needs, involvement of key hospital leaders, and implementation of community benefit activities. Organizational and community commitment includes Dignity Health’s Executive Leadership Team, Community Benefit Committee, Community Board, and Community Benefit Department.

Executive Leadership Team: The Chandler Regional Medical Center Executive Leadership Team is responsible for reviewing the Community Benefit Report and Plan prior to presentation and approval by the Community Board. The Executive Leadership Team’s contribution to the community benefit plan includes reviewing alignment of the Community Benefit Plan with the CHNA, the hospital’s overall strategic plan, and budgeting for resources.

Community Benefit Committee: The Community Benefit Committee (CBC), chaired by a board member, assists the community board in meeting its obligations by reviewing community needs identified in CHNA, recommending health priorities, recommending implementation strategies, presenting the hospital’s annual Community Benefit Report and Plan, presenting the hospital’s CHNA Implementation Strategy, and monitoring progress. Refer to Appendix A for a listing of the CBC members.

Community Board: The Community Board is responsible for oversight and adoption of the CHNA and, Implementation Strategy, approval of the Community Benefit Report and Plan, and program monitoring. Throughout the fiscal year the community board receives reports on community benefit programs. The chair of the Community Benefit Committee reports to the board regarding strategies, programs, and outcomes. Refer to Appendix A for a complete listing of current board members.

Community Benefit Department: The Community Benefit Department, under the Vice President of Mission Integration, is accountable for planning, implementing, evaluating, reporting, and ultimately for the success of designated programs. The Community Benefit Department is directly responsible for the CHNA and Implementation Strategy, Community Benefit Report and Plan, Dignity Health Community Grants committee, program implementation, evaluation, and monitoring, community collaboration, and reporting of community benefit activities. Key staff positions include: Director of Community Integration, Senior Coordinator for Community Benefit, Manager of Center for Diabetes Management, Manager of Community Education, Manager of Oral Health Program, Manager of Community Wellness, and Charge Nurse of Lactation Services.

Chandler Regional Medical Center’s community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health’s Community Investment Program.

MISSION STANDARDS

At Chandler Regional Medical Center, we abide by the nine Dignity Health Mission Standards that include Organizational Identity, Spirituality and Culture, Ethical Principles, and Community Health and the Common Good. The Mission standards serve as a foundation and guide as we further our mission of compassion, advocacy and partnership. Standards seven, eight, and nine under Community Health and Common Good align with the scope of work recommended in the Implementation Strategy.

Standard 7: Dignity Health partners with others in the community to improve the quality of life.

Standard 8: Dignity Health employs a variety of approaches, including advocacy, innovation and philanthropy, to address the social, political and economic structures that affect the health of persons, especially those most vulnerable.

Standard 9: Dignity Health exercises responsible stewardship of the environment and partners with others to advance ecological initiatives.

DESCRIPTION OF THE COMMUNITY SERVED

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The primary service area for CRMC includes the zip codes making up the top 75% of the total patient cases. A summary description of the Chandler community is below, and additional community facts and details can be found in the CHNA report online.

The city of Chandler is primarily served by CRMC for acute care and trauma services. Surrounding communities also being served by CRMC include Gilbert, Mesa, Tempe, Ahwatukee, Sacaton, Apache Junction, Casa Grande, Pinal County, Gila River Indian Reservation, and Guadalupe.

Demographic and Socioeconomic Profile

According to the Arizona Department of Health Services (ADHS), the Chandler Central PCA has been federally designated as a Medically Underserved Area.²⁴ More than half of the population of CRMC's primary service area is adults between 20-64 years of age. Nearly 8.7% of residents do not have a high school diploma, 7.1% are unemployed and approximately 13.6% are without health insurance. This data shows that the population as a whole is majority white, and with a median income above Maricopa County and the state of Arizona. Refer to table 1 below for a more population demographics.

Table 1: Population Demographics

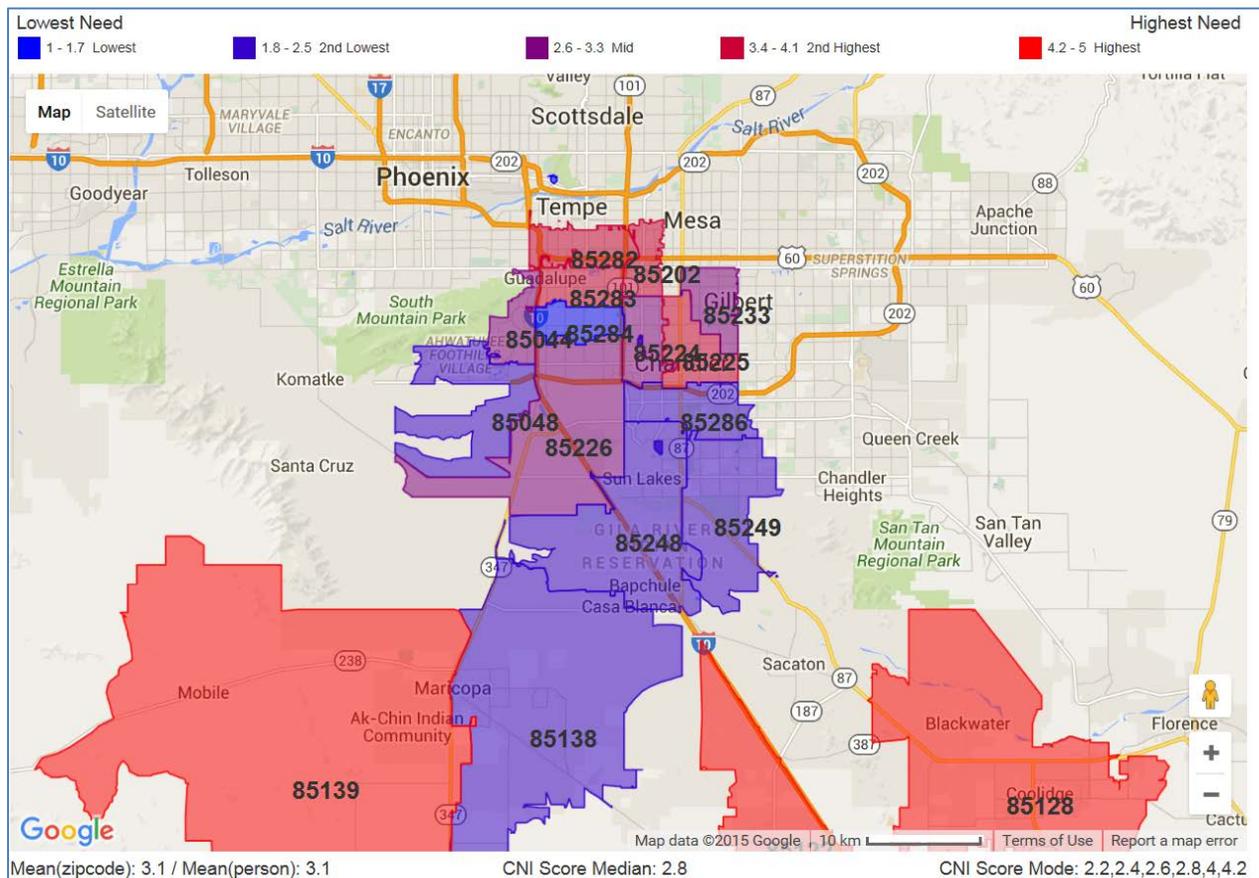
Table 1: Chandler PSA Demographics	CRMC PSA	Maricopa County	Arizona
Population: estimated 2015	667,594	3,947,382	6,561,516
Gender			
• Male	49.3%	49.4%	49.7%
• Female	50.7%	50.6%	50.3%
Age			
• 0 to 9 years	13.5%	14.2%	13.9%
• 10 to 19 years	13.1%	14.1%	13.8%
• 20 to 34 years	22.3%	21.3%	20.5%
• 35 to 64 years	38.2%	37.4%	37.0%
• 65 to 84 years	11.1%	11.4%	13.1%
• 85 years and over	1.8%	1.6%	1.7%
Race			
• White	69.9%	80.0%	78.9%
• Asian/Pacific Islander	6.7%	3.9%	3.1%
• Black or African American	5.7%	5.2%	4.2%
• American Indian/Alaska Native	4.3%	1.9%	4.4%
• Other	9.0%	6.0%	6.3%
• 2 or more Races	4.4%	3.0%	3.1%
Ethnicity			
• Hispanic	25.0%	29.9%	30.1%
Median Income	\$61,385	\$53,596	\$49,774
Uninsured	13.6%	17.2%	16.8%
Unemployment	7.1%	6.1%	6.3%
No HS Diploma	8.7%	13.6%	14.3%
Limited English Proficiency	3.3%	10%	9.5%
Renters	35.3%	37.5%	35.6%
Medicaid Patients	9.9%	13.8%	20.0%
CNI Score	3.1	3.4	
Medically Underserved Area	Yes		

Source U.S. Census American Community Survey

Chandler is home to several major industrial firms that include Intel, Microchip and Orbital. Despite strong economic growth, there continue to be many factors and social determinants of health in the suburban Chandler community that needs to be addressed in order to improve the health and wellbeing for the broader community, and the underserved. Challenges for this community include high rates of poverty, violence-associated injuries, a large non-English speaking population, and low education attainment, all of which create barriers to access. Downtown Chandler has a significant population of uninsured and underinsured non-English speaking persons of all age groups. A large majority of this population is also indigent with their primary source of income through day labor and seasonal work.

Community Need Index

Dignity Health has developed the nation’s first standardized Community Need Index (CNI) in partnership with Truven Health Analytics. The CNI identifies the severity of health disparity for every zip code in the United States based on specific barriers to healthcare access. The CNI considers multiple factors that are known to limit health care access such as income, language, educational, insurance and housing barriers. The ability to pinpoint neighborhoods with significant barriers to health care access is an important new advancement for public health advocates and care providers. According to the CNI illustrated below, the primary service area has a mean CNI score of 3.1 and includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85122, 85128, 85139, 85202, 85225, 85282, and 85283.



Primary Service Area CNI scores

Zip Code	CNI Score	Population	City	County	State
85044	2.6	38849	Phoenix	Maricopa	Arizona
85048	2.4	33983	Phoenix	Maricopa	Arizona
85122	4.2	52773	Casa Grande	Pinal	Arizona
85128	4.6	17308	Coolidge	Pinal	Arizona
85138	2.2	38868	Maricopa	Pinal	Arizona
85139	4.2	19844	Maricopa	Pinal	Arizona
85202	4	38759	Mesa	Maricopa	Arizona
85224	2.8	44774	Chandler	Maricopa	Arizona
85225	4	71319	Chandler	Maricopa	Arizona
85226	2.6	39457	Chandler	Maricopa	Arizona
85233	2.8	38565	Gilbert	Maricopa	Arizona
85248	2.2	33226	Chandler	Maricopa	Arizona
85249	2	44861	Chandler	Maricopa	Arizona
85282	3.6	50161	Tempe	Maricopa	Arizona
85283	3.8	45033	Tempe	Maricopa	Arizona
85284	1.6	16454	Tempe	Maricopa	Arizona
85286	2.4	45310	Chandler	Maricopa	Arizona

IMPLEMENTATION STRATEGY DEVELOPMENT PROCESS

The hospital engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Benefit Committee and other stakeholders in the development and annual updating of the community benefit plan.

Community Health Needs Assessment Process

Development of the Chandler Regional Medical Center Community Health Needs Assessment involved engagement and recommendation from internal and external stakeholders. Internal stakeholders included Community Board, Community Benefit Committee, Grants Committee, and Executive Leadership. External stakeholders included Maricopa County Department of Public Health, Community-Based organizations, Chandler Regional Medical Center’s Community Partnership Collaboration, and community constituents.

Beginning in early 2015, Chandler Regional Medical Center (CRMC), in partnership with the Maricopa County Coordinated Health Needs Assessment (CCHNA) collaborative and the Maricopa County Department of Public Health (MCDPH) conducted an assessment of the health needs of residents of Maricopa County as well as those in their primary service area.

The process of conducting this assessment began with a review of approximately 100 indicators to measure health outcomes and associated health factors of Maricopa County residents. These indicators were based on the Center for Disease Control and Prevention’s (CDC) Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics report. The

indicators included demographic data, social and economic factors, health behaviors, physical environment, health care, and health outcomes. Health needs were identified through the combined analysis of secondary data and community input.

Quantitative data used in the report were high quality, population-based data sources and were analyzed by MCDPH, Office of Epidemiology. Data came from local, state, and national sources such as the Maricopa County Department of Public Health, Arizona Department of Health Services, Arizona Criminal Justice Commission, U.S. Census Bureau, U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System survey, Youth Risk Behavior survey, and Chandler Regional Medical Center's Prevention Quality Indicators form Fiscal Year 2015.

The broad interests of the community were incorporated through three means. First, data was collected through focus groups engaging members of underserved populations and communities. Second, surveys were conducted with key informants who serve the primary service area. Finally, a series of meetings were held with key stakeholders from CRMC's primary service area.

Based on the review of the secondary data, a consultant team developed a primary data collection guide used in focus groups which were made up of representatives of minority and underserved populations who identified community concerns and assets. Surveys were collected from key informants who serve the primary service area to help determine community needs and priorities. Additionally, meetings were held with stakeholders from the Community Benefit Committee and Community Partnership Collaboration to assist with the analysis and interpretation of data findings.

Members of the Community Benefit Committee and the Community Partnership Collaboration provided input on the selection of data indicators, provided feedback on data collected, and aided in the selection of final priorities. Membership of the above mentioned committees and collaborations intentionally represent vulnerable and disenfranchised populations including the homeless, uninsured/underinsured, Medicaid, Medicare, immigrant, disabled, mentally ill, and elderly.

Dignity Health's Chandler Regional Medical Center Board of Directors reviewed, approved, and adopted the Community Health Needs Assessment at its January 2016 meeting. The complete CHNA report is publicly available at: <http://www.dignityhealth.org/chandlerregional/about-us/community-benefit-and-outreach/documents/dignity-chandler-regional-report-2016>

Process and Criteria for Prioritization

To be considered a health need, a health outcome or a health factor had to meet two criteria; first, existing data had to demonstrate that the primary service area had a health outcome or factor rate worse than the average Maricopa County rate, demonstrate a worsening trend when compared to Maricopa County data in recent years, or indicate an apparent health disparity; second, the health outcome or factor had to be mentioned in a substantial way in at least two primary data collection sources which were focus groups, surveys, or stakeholder meetings.

The process for prioritization included engagement with both internal Dignity Health stakeholders and community partners. The first step of the process was a comprehensive presentation by MCDPH that included an overview of the CHNA findings and key emerging health needs. The second step in the process involved review and prioritization of the key emerging health needs outlined in the MCDPH presentation by the Community Benefit Committee and Community Partnership Collaboration.

A Dignity Health Six Sigma expert led the sessions using a 4-square, priority/benefit matrix. The X axis showed the level of effort required to address a particular health need whereas the Y axis showed the benefit to the community by addressing the health need. As participants discussed each health need, consideration was given to the size of the problem, disparity and equity, known effective interventions, resource feasibility and sustainability, and community salience. Through consensus, participants made final recommendations to CRMC for priority health needs.

CHNA Significant Health Needs

The following statements from Chandler Regional Medical Center's CHNA summarize each of the areas of priority for CRMC, and are based on data and information gathered through the CHNA.

Access to Care

Community members and key informants overwhelmingly felt that access to care is an important issue for the community. Within CRMC's primary service area, one out of every seven residents lack health insurance. Additionally, there are disparities experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians being least likely to have insurance. The number of adults reporting they have a usual source of health care is decreasing, with one out of every three reporting they do not have a regular doctor they see for care.

Problems of Aging

Problems of aging were ranked in the top five areas of concern by key informants and two disease-specific categories were highlighted within this broader category: Alzheimer's and cardiovascular disease. The risk of Alzheimer's increases with age and the number of people with the disease doubles every five years beyond age 65. Cardiovascular disease is second leading cause of death for Maricopa County and the primary service area. Adults age 75 and older have the highest rates of cardiovascular disease-related hospital visits in Maricopa County. African Americans have the highest rate of emergency department visits which indicates a potential health disparity in cardiovascular disease diagnoses, treatments, or preventative care.

Mental/Behavioral Health

Mental health was ranked as the most important health problem impacting the community by key informants. This was echoed by participants in the focus groups who believe mental health is one of top health issues impacting community residents. Mental health is among the top ten leading causes of emergency department visits. Substance abuse was one of the top concerns for both focus group participants and key informants. In Maricopa County rates of suicide are higher in the elderly and American Indian population which indicates a potential health disparity in identification, referral or treatment of suicidal ideation.

Diabetes

The number of deaths related to diabetes is decreasing in Maricopa County, but it is still the seventh leading cause of death in CRMC's primary service area indicating a sustained health need. Additionally, the number of adults reporting they have been told they have diabetes is increasing. In 2013, 10.2% of Maricopa County adults responding to the Behavioral Risk Factor Surveillance System survey reported having been told they have diabetes by a healthcare professional.

Injury

Unintentional injury is the sixth leading cause of death for CRMC's primary service area. It is also the leading cause of emergency department visits and the second leading cause of inpatient discharges. Males are more likely to suffer from an unintentional injury with the exception of falls which are more prevalent among females.

Cancer

While advancements continue to be made in the fight against cancer, it remains the leading cause of death in CRMC's primary service area and was identified as one of the top five areas of concerns from key informants. The highest site-specific cancer incidence rate in the primary service area is due to lung cancer. Nationally, cancer mortality is higher among men than women with the highest rates in African American men and the lowest rates in Asian/Pacific Islander women which indicate a potential health disparity in cancer diagnoses, treatments, or preventative care.

Resources Potentially Available

Resources potentially available to address identified needs include services and programs available through hospitals, government agencies, and community based-organizations. Resources include access to over 40 hospitals for emergency and acute care services, over 10 Federally Qualified Health Centers (FQHC), over 12 food banks, 8 homeless shelters, school-based health clinics, churches, transportation services, health enrollment navigators, free or low cost medical and dental care, and prevention-based community education.

The Health Improvement Partnership of Maricopa County (HIPMC) is a collaborative effort between MCDPH and a diverse array of public and private organizations addressing healthy eating, active living, linkages to care and tobacco-free living. With more than 70 partner organizations, this is a valuable resource to help CRMC connect to other community based organizations that are targeting many of the same health priorities.

Significant Health Needs Not Being Addressed

To address needs not specifically met by Chandler Regional Medical Center, strong and effective community partnerships ensure the community has access to care, regardless of the need. Services not provided by Chandler Regional Medical Center include outpatient cancer treatment services, burn treatment, and in-patient pediatrics. These services, while not met by Chandler Regional Medical Center, are met by other health care facilities or partners in the service area. Organizations addressing the identified need not met by Chandler Regional Medical Center include Mercy Gilbert Medical Center, Ironwood Cancer and Research Center, Banner Health Care, Phoenix Children's Hospital, Valley Hospital, Mercy Maricopa Mental Health Services for inpatient and outpatient services, and Honor Health.

Creating the Implementation Strategy

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives are related to one or more of these principles:

Focus on Disproportionate Unmet Health-Related Needs: Seek to address the needs of communities with disproportionate unmet health-related needs.

Emphasize Prevention: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.

Contribute to a Seamless Continuum of Care: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.

Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.

Demonstrate Collaboration: Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

Creating the Implementation Strategy involved engagement with internal and external stakeholders, including two planning sessions conducted in October 2015. Agencies represented included: Chandler Christian Community Center, Chandler Regional Medical Center Leadership, Dignity Health East Valley Community Grants Committee, Mission of Mercy, Chandler Care Center, Mathew’s Crossing, Marc Community Resources Ahwatukee YMCA, Southwest Behavioral Health, Chandler/Gilbert YMCA, Maricopa County Department of Public Health, Improving Chandler Area Neighborhoods (ICAN), Dignity Health East Valley Community Board, Dignity Health East Valley Community Benefit Committee, Community Citizens.

Throughout the Implementation Strategy planning process, four areas of focus evolved that included: key considerations, approaches, resources, and tools. Table 2 below outlines the recommendations from internal and external stakeholders involved in the Implementation Strategy Process.

Table 2: Implementation Strategy Focus Areas

Key Considerations	Approaches	Resources	Measurement Tools
1. Lean Six Sigma 4-square priority/benefit matrix 2. Consideration to size of the problem, disparity, and equity 3. Known effective interventions 4. Resource feasibility 5. Existing community assets and Dignity Health programs 6. Existing gaps 7. Underlying root causes 8. Timelines for Implementation 9. Community Needs Index 10. Identified populations	1. Collective Impact 2. Mobilizing for Action through Planning and Partnership (MAPP) 3. Evidenced-Based Practices 4. Health Benefit Model 5. Education 6. Screening 7. Intervention or treatment 8 Providing resources 9. Support 10.Navigation 11.Community of Care Grants Program 12.Timeline for implementation 13.Transition and continuum of care 14. CDC 6/18 Initiative	1. MCDPH, including CCHNA advisory board 2. HIPMC 3. CDC, including 6/18 Initiative 4. Healthy People 5. Dignity Health 6. AZDPH 7. Resources and data available through community-based organizations and Dignity Health 8. Association Community Health Improvement (ACHI) 9. Catholic Health Association (CHA) guides and resources 10. Health Services Advisory Group (HSAG) 11. National Prevention Strategy	1. Program Digests 2. MCDPH: Healthmatters Tracker reports 3. Dignity Health Community of Care Grantee reports 4. CRMC admission and readmission rates 5. Community partner outcomes 6. Community Benefit Reporting 7. CRMC grant funded programs reports 8. MAPP 9. Dignity Health Prevention Quality Indicators (PQI)

Planning for the Uninsured/Underinsured Patient Population

In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. A plain language summary of the hospital's Financial Assistance Policy is in Appendix B.

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for government programs, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

In addition to staff awareness and education, the community is made aware of the Financial Assistance Policy, including postings throughout the hospital that financial assistance is available. Specifically, signage is in English and Spanish in both the admitting areas and the emergency room, at urgent care, and other outpatient centers. Additionally, the Financial Assistance Policy is posted on the Chandler Regional Medical Center website.

The patient financial services staff works diligently to ensure every underinsured or uninsured patient has the opportunity to apply for financial assistance (AHCCCS, Kidcare, Emergency AHCCCS, and Dignity Health packages).

2016-2018 IMPLEMENTATION STRATEGY

This section presents strategies, programs and initiatives the hospital is delivering, funding, or on which it is collaborating (or anticipates collaborating) with others to address significant community health needs. It includes planned strategies and programs with anticipated impact and measurable objectives for the next three years.

The strategy and plan specifies significant community health needs that the hospital intends to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

STRATEGY AND PROGRAM PLAN SUMMARY

Input from internal and external stakeholders resulted in the specified health priorities, strategies, and recommended activities outlined in the tables below. Requests for additional information on the

activities and programs listed below can be submitted to the Chandler Regional Medical Center’s Community Integration Department or by e-mail to Chandler-CHNA@DignityHealth.org

Table 3: Access to Health Care

Strategy	Program Summary: Current and Planned Activities
School-based healthcare for children and families	<ol style="list-style-type: none"> Chandler Care Center on Galveston Elementary School campus Chandler Regional Medical Center services provided at school locations
Free and low cost community-based health services	<ol style="list-style-type: none"> Mission of Mercy: Primary Care for uninsured Chandler Christian Community Center Chandler Regional Medical Center community benefit services Proposed: Town of Gilbert Wellness and Resource Center Proposed: City of Maricopa Family Advocacy & Resource Center
Homeless population	<ol style="list-style-type: none"> I-Help (Interfaith Homeless Emergency Lodging Program) - Dignity Health Community of Care Grant: Chandler Christian Community Center, Lutheran Social services, Tempe Community Action Agency Circle the City: Respite, hospice, and case management for the homeless
Transportation to medical appointments	Senior Community Wellness - Dignity Health Community of Care grant: About Care, Neighbors Who Care, Valley of the Sun United Way – YMCA- Ahwatukee
Access to healthcare information and available resources, including basic needs.	<ol style="list-style-type: none"> Access to healthcare information and resources: Chandler Care Center, Chandler Christian Community Center, Dignity Health: Chandler Regional Medical Center Resource Link and website, Chandler and Gilbert CAP Proposed: locations include Gilbert Wellness and Resource Center and City of Maricopa Family Advocacy and Resource Center Action: Conduct a strategy session with community partners on how to improve access to information and resources, including improved awareness of resources such as Find Help Phoenix and 211
Education on insurance, including eligibility, enrollment, and understanding one’s medical bills	<ol style="list-style-type: none"> Enrollment assistance programs are located at Chandler Care Center, Chandler Christian Community Center, I-Help, Senior Community Wellness, and Keogh Foundation, and patients at Chandler Regional Medical Center Action: Conduct strategy session with internal and external stakeholders on strategies to improve access to education and information on insurance enrollment, processing, and navigation Financial Assistance: Dignity Health Financial Assistance policy
Access to healthy food	Action: Conduct an assessment of available or planned community food banks, farmers markets, community gardens, including access for SNAP clients. Determine strategies to improve access to healthy food and reduce food insecurity
Patient continuum of care	<p>Patient navigation and referrals to community based services before discharge include:</p> <ol style="list-style-type: none"> ACTIVATE Mission of Mercy Circle the City Chandler Regional Medical center Community of Care Grant Recipients Planned: Chandler Regional Medical Center Patient Referral pilot planned for FY17 Using Curaspan referral database to refer high-risk patients to community resources. Chandler Regional Medical Center Faith Health Ministry Program
Identified population from CHNA	Hispanic, American Indian, uninsured

Table 4: Problems of Aging

Strategy	Program Summary: Current and Planned Activities
Support to caregivers	Action: Work with organizations such as Foundation for Senior Living that offer care giver education and support. Develop strategies to access to education and support to family care givers
Alzheimer’s	Action: Work with organizations that provide Alzheimer’s education and support to determine specific strategies to offer education, early detection screening, support, and/or resources
Awareness and education on insurance eligibility, enrollment process, and understanding one’s medical bill	1. Current Community based enrollment assistance programs include, Chandler Care Center, Chandler Christian Community Center, I-Help, Senior Community Wellness, and Keogh Foundation 2. Action: Conduct strategy session with internal and external stakeholders on strategies to improve access to education and information on insurance enrollment, processing, and navigation 3. Chandler Regional Medical Center Financial Assistance Policy
Reduction in fall risk	1. Action: Conduct evidenced based fall prevention education “Matter of Balance” to senior populations and care givers to improve mobility and reduce fall risk. 2. Action: Work with organizations that offer home safety equipment and resources 3. Safe at Home : Community of Care Dignity Health Grantees that include East Valley Adult Resources, Rebuilding Together Valley of the Sun, AT Still University. Fall prevention “Matter of Balance” evidenced based program. 4. Planned: Implement “Think First” fall prevention education program
Chronic disease	Education to senior population to improve prevention and management 1. Chandler Regional Medical Center: Center for Diabetes Management- (Accredited) 2. Chandler Regional Medical Center: Stanford: Chronic Disease Self- Management Program (evidenced-based) 3. Cardiovascular education on early signs of heart attack
Transportation to medical appointments	1. Senior Community Wellness: Dignity Health Community of Care About Care grant – Neighbors Who Care and Valley of the Sun United Way YMCA-Ahwatukee
Chandler Regional Medical Center sponsored activities	1. Stroke Support group 2. Better Breathers Support Group 3. Healthy Families
Identified population from CHNA	Alzheimer’s (over age 60), Cardiovascular (over age 75, and African American)

Table 5: Mental Health/Behavioral Health

Strategy	Program Summary: Current and Planned Activities
Improve education and awareness of available resources	Continue participation with Town of Gilbert Mayors Behavioral Health Task Force and activities
Prescription misuse education and awareness, including poisoning	1. Continue participation in Chandler/Gilbert RX Misuse & Abuse Taskforce and activities 2. Planned: Sponsor evidenced-based “360 RX” presentations on prescription and drug abuse 3. Partnership to Build Resilient Families-Dignity Health Community of Care grant: ICAN, Chandler Education Foundation, Valley of the Sun YMCA
Access to crisis intervention services	1. Planned: Sponsor presentations by Arizona Department of Public Health’s best-practice “Mental Health First Aid program” 2. Proposed: City of Maricopa Family Advocacy & Resource Center Maricopa, AZ, Services considered include crisis intervention
Pregnant and postpartum adjustment	Chandler Regional Medical Center Postpartum Adjustment Support group

support group	
TEEN4Teen support program	Pregnant and parenting teen support group.
Identified Population From CHNA	Alcohol and drug abuse (Adults ages 18-34)alcohol, suicide (elderly and American Indian)

Table 6: Diabetes

Strategy	Program Summary: Current and Planned Activities
Access to diabetes management and support	<ol style="list-style-type: none"> 1. Mercy Gilbert Medical Center, Center for Diabetes Management (accredited) 2. Mercy Gilbert Medical Center, Center for Diabetes Management Community based classes and presentations 3. Mercy Gilbert Medical Center, Center for Diabetes Management Sweet Life-Diabetes Outreach Connection support group
Access to free Chronic Disease Self-Management education	<ol style="list-style-type: none"> 1. Chandler Regional Medical Center’s Chronic Disease Self-Management Program (CDSMP) Workshops. Stanford model 2. Safe at home – Dignity Health Community of Care Grant that include East Valley Adult Resources, Rebuilding Together Valley of the Sun, AT Still University
Access to healthy foods	Action: Conduct an assessment of available or planned community food banks, farmers markets, community gardens, including access for SNAP clients. Determine strategies to improve access to healthy food and reduce food insecurity
Access to fitness	<ol style="list-style-type: none"> 1. Consider partnership with fitness Centers <ul style="list-style-type: none"> • Chandler/Gilbert YMCA • Privately owned fitness centers 2. After school programs <ul style="list-style-type: none"> • Boys and Girls Club • ICAN • Chandler/Gilbert YMCA
Identified Population from CHNA	African American, American Indian , Adults over 75

Table 7: Injury Prevention

Strategy	Program Summary: Current and or Planned Activities
Injury prevention education for children	<ol style="list-style-type: none"> 1. Injury prevention education in classrooms and community settings using Evidenced-based “Think First” injury prevention program 2. Car seat safety clinics 3. Community based health fair education 4. Collaboration with St. Joseph’s Hospital and Medical Center’s Barrow’ Neurological Institute, Phoenix Children’s Hospital, and Arizona Orthopedic Specialty Hospital
Injury prevention for adults	<ol style="list-style-type: none"> 1. Action: Conduct evidenced based fall prevention education to senior populations and caregivers on improving mobility and reducing fall risk 2. Work with organizations that offer home safety equipment and resources 3. Safe at Home - Dignity Health Community of Care Grantees that include East Valley Adult Resources, Rebuilding Together Valley of the Sun, AT Still University. Fall prevention “Matter of Balance” evidenced based program. 4. Planned: “Think First” Fall Prevention education program (Evidenced-based) 5. Conduct “Safe Sitter” Classes (evidenced-based)
Identified population From CHNA	Unintentional injury (male), falls (female), motor vehicle

Table 8: Cancer

Strategy	Program Summary: Current and Planned Activities
Improved education on importance of early detection and availability of resources	Action: Conduct a strategy session with Ironwood Cancer and Research Center, Desert Cancer Foundation, and other community agencies to discuss strategies on how to increase education on early detection of cancer Consider implementation of the Stanford workshop: “Thriving and Surviving”
Improve awareness of cancer screening events	Action: Conduct a strategy session with Ironwood Cancer and Research Center, Desert Cancer Foundation, and other community agencies to discuss strategies on how to increase awareness of and collaborate on cancer screening events
Identified population from CHNA	Adult Lung cancer, breast, prostate, bronchus, colon, and uterine African American males

Anticipated Impact

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Benefit Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Maricopa County Department of Public Health (MCDPH): Dignity Health Arizona is part of the Collaborative Community Health Needs Assessment (CCHNA) with other health systems for the 2017 Maricopa County, AZ CHNA.

MCDPH: Health Improvement Partnership of Maricopa County (HIPMC): Dignity Health, Arizona is a member of HIPMC, a community-wide action plan for addressing priority health issues identified in Maricopa County’s Community Health Needs Assessment. The Health Improvement Partnership of Maricopa County is a collaborative effort between Maricopa County Department of Public Health and more than 60 public and private organizations addressing priority health issues through the Community Health Improvement Plan (CHIP). The framework being used by MCDPH aligns with the National Prevention Strategy and falls into four sectors that include: Where We Live, Where We Work, Where We learn, and Where We Seek Care. HIPMC partners, including CRMC, enter their programs and services that align with strategies from each sector. This approach addresses chronic disease in places where people spend significant amounts of time and reflects the importance of wellness and prevention in all aspects of our lives. Emphasis is placed upon utilizing evidence based-strategies and policy, systems, and environmental approaches to impact health priorities (<http://www.arizonahealthmatters.org>).

Progress with strategies within the four sectors is tracked and posted quarterly on the Health Matters website at <http://www.arizonahealthmatters.org>. The CHIP tracker uses a set of indicators for each health priority that can measure progress. Through HIPMIC, partners can work collaboratively to have a large impact on improving the quality of life for all Maricopa County residents, particularly most vulnerable.

Town of Gilbert: Chandler Regional Medical Center, is a lead collaborator with the Town of Gilbert, along with several nonprofit agencies, collaborating on the proposed Gilbert Wellness and Resource Center to improve access to care and availability of resources. In addition, Chandler Regional Medical Center is a member of the Town of Gilbert Mayor’s Behavior Health/Mental Health Task Force.

City of Maricopa: Chandler Regional Medical Center is a lead collaborator with the City of Maricopa for the proposed Family Advocacy & Resource Center. Chandler Regional Medical Center, along with other nonprofit agencies have initiated a coalition to plan and propose a Family Advocacy & Resource Center to increase resources related to suicide, domestic violence, rape, child abuse, and substance abuse.

City of Chandler and Town of Gilbert Prescription Medication Misuse and Abuse Task Force: Chandler Regional Medical Center is in partnership with the City of Chandler and Town of Gilbert and other community organizations to implement prevention initiatives that will reduce misuse of prescription drugs and drug abuse.

Oral Health Collaborations: Chandler Regional Medical Center is a member of the Arizona Oral Health Task Force sponsored by Senator Bradley to support legislation and policy change that will improve access to oral health, reimbursement, education, and innovation. In addition, Dignity Health participates in the state’s First Things First Oral Health Coalition to improve oral health for children.

Chandler Regional Medical Center collaborates with many community agencies, leaders, and partners to address significant health needs through education, intervention, prevention, support, and treatment. Key partners include, but are not limited to, Dignity Health Community of Care grant recipients, local school districts, colleges, and universities, government sponsored agencies, FQHC’s and community clinics, nonprofit agencies, churches, and coalitions. Refer to Appendix E for a listing of current and anticipated collaborative partners.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health need in the most recently completed CHNA report.

First Teeth First	
Significant Health Needs Addressed	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Problems of Aging <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Cancer
Program Emphasis	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention

	X Seamless Continuum of Care X Build Community Capacity X Collaboration
Program Description	First Teeth First provides oral health education to expectant women and children 0-5 and their families, oral health screening and fluoride varnish treatment to children 0 – 5, and best practice oral health education to dentists, pediatricians, and other early childhood professionals. First Teeth First is funded primarily through First Things First (Arizona Early Childhood Development and Health Board). Chandler Regional Medical Center supports the program with administrative functions.
Community Benefit Category	A1b Community Based Clinic
Planned Actions for 2016-2018	
Program Goal / Anticipated Impact	Dignity Health will work with Maricopa County Department of Public Health to provide a coordinated approach to oral health prevention services in Maricopa County. First Teeth First will provide preventive oral health education, screening, and fluoride varnish to children ages zero to five in an effort to decrease the number of children with early childhood tooth decay and the associated risks for pain and infections that can lead to lifelong complications to health and wellbeing. First Teeth First will provide outreach and training to medical and dental professionals that serve the target population.
Measurable Objective(s) with Indicator(s)	15000 children will receive oral health screenings. 15000 children will receive fluoride varnish application. 300 expectant women will receive oral health screenings. 6900 adults will receive oral health education. 1275 professionals will receive best practice oral health information.
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> 1. Oral health education based on the most up-to-date evidence will be provided to expectant women and children age 0-5 and their families. 2. Children age 0 – 5 will be screened for oral health status and provided with fluoride varnish when appropriate. 3. All children receiving services will receive a toothbrush, toothpaste, floss, and educational materials. 4. Referrals to dental providers will be made to when appropriate. 5. Clinics will be scheduled at community locations including public school and private preschool programs, childcare centers, WIC offices, immunization clinics, Community Resource Centers, health fairs, Boys & Girls Clubs, YMCA. 6. Bilingual staff will provide oral health education in Spanish when appropriate. Other language translation services will be available by phone if needed. 7. Mid-level providers including school nurses, home visitors, care coordinators, family resource coordinators, etc. will be provided with basic oral health education so they can inform, provide resources, and advocate for the families they serve. 8. Staff at pediatric medical offices will be provided with strategies to identify children at risk for tooth decay and encourage establishment of a Dental Home at age one. 9. Staff at general dental practices will be provided with strategies for working with young children and developing the practice as a dental home for children beginning at age one.
Planned Collaboration	Collaboration with community partners is key to the success of First Teeth First.

	Dignity Health has developed partnerships with more than 140 unique agencies throughout the Phoenix East Valley. Including WIC offices, Family Resource Centers, childcare centers, and preschools. Our collaboration with the Mesa Community College Dental Hygiene program provides an opportunity to engage future dental professionals. First and second year students participate in First Teeth First clinics as part of their community dental health rotations. Dignity Health is now partnering with Maricopa County Department of Public Health to implement the First Teeth First program. They are the grantee and Dignity Health is subcontracted to implement the program
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Children’s Dental Clinic

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Problems of Aging <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Cancer
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaboration
Program Description	The Children’s Dental Clinic provides comprehensive preventive dental care to low-income and uninsured children. Services include dental exams, cleanings, radiographic imaging, sealants, fluoride varnish treatments, oral health education, nutrition education and referrals. The clinic is grant-funded with additional financial and operational support from Chandler Regional Medical Center and the Dignity Health Foundation- East Valley.
Community Benefit Category	A1-b Community-based clinic services

Planned Actions for 2016-2018

Program Goal / Anticipated Impact	The Children’s Dental Clinic will improve the oral health of children ages 0 to 18 by reducing barriers to care and increasing awareness of the importance of oral health
Measurable Objective(s) with Indicator(s)	1. Number of children receiving full preventive dental services 2. Percent of patients with “no new decay” at subsequent clinic appointments. 3. Number of children, pregnant teens, parents, educators, and community leaders who received comprehensive oral health education.
Intervention Actions for Achieving Goal	1. Provide preventive dental health services including dental exams, professional cleanings, radiographic imaging, sealants, fluoride varnish treatments, oral health education, nutrition education and referrals. 2. Provide referrals to 100% of children in need of restorative dental care. Referral list of low cost dental clinics provided to children with dental caries/dental needs 3. Increase awareness and improve children’s oral and overall health through education for children and parents. 4. Provide dental supplies to children at the clinic and in the community.
Planned Collaboration	The Chandler Children’s Dental clinic relies on collaborations to improve access to care and continuum of care. The clinic is located at the Chandler CARE

	<p>Center, a program of the Chandler Unified School District (CUSD). The St. Vincent de Paul Dental Clinic provides restorative dental services at the same location, providing a direct link to services for patients. Additional partnerships with a variety of dental professionals ensure that children in need of restorative care are treated appropriately. Children in urgent need of restorative care with no means to pay are referred to partnering dentists who have agreed to provide free care to a limited number of children.</p> <p>Dental Hygiene students from Mesa Community College Dental Hygiene School have regular rotations through the clinic. The students gain community and public health dental experience and increase the capacity of the clinic, enabling more children to be seen.</p> <p>Through a partnership with Maricopa County Department of Public Health, the clinic educator provides education at schools in four Phoenix East Valley school districts which are scheduled with the County’s School-Based Dental Sealant Program.</p>
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Immunizations

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Problems of Aging <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Cancer
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaboration
Program Description	<p>Children’s Vaccine Program provides free immunizations (vaccines provided through the State Vaccines for Children Program) for children 18 years and younger who are uninsured, underinsured, on AHCCCS, or American Indian or Alaskan Native. Free clinics are held at Dignity Health and at sites throughout the East Valley service areas. Dignity Health provides staffing and supplies for the clinics.</p> <p>Adult Vaccine Program: Offers free adult immunizations (vaccines provided through the State Vaccines for Adults Program) for people 19 years and older who are uninsured, underinsured, on AHCCCS, or American Indian or Alaskan Native. A \$15 administration fee is requested but is not mandatory. Free clinics are held at Dignity Health and at sites throughout the East Valley service areas. Dignity Health provides staffing and supplies for the clinics.</p>
Community Benefit Category	A2b Community based clinics.
Planned Actions for 2016-2018	
Program Goal / Anticipated Impact	<ol style="list-style-type: none"> Administer vaccinations to children seeking immunization with emphasis on medically underserved communities and families. Provide access to 100% of our immunization clinics for agencies that assess eligibility of people for government subsidized healthcare programs.

	<ol style="list-style-type: none"> 3. Provide education and awareness on the importance of immunizations. 4. Data collection and entry of the data into the state immunization database. 5. Ongoing evaluation of current contracts/partnerships. 6. Increase client base through aggressive marketing 7. Seek grant and donated funds to offset cost of program.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> 1. Number of immunization clinics for children, adults, and seniors. 2. Number of people screened: children, adults. 3. Number of vaccines given: children, adults. 4. Monitor and track revenue and pharmaceutical costs. 5. Percentage of State data entered and up to date by June 30th 6. Number and frequency of marketing contacts.
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> 1. Seeking grants and funds to help offset costs not covered by Federal government. 2. Continue marketing to the community to increase our vaccination rates and the continued efforts to eradicate communicable vaccine preventable diseases.
Planned Collaboration	Chandler Unified School District, Chandler Care Center, Kyrene School District, Higley School District, Maricopa County WIC, VFC, VFA, Queen Creek Fire Department, Town of Gilbert. Planned collaboration is with Maricopa Community College District, Carrington College, Tempe School District

Building Blocks for Children Vision and Hearing Screening

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Problems of Aging <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Cancer
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaboration
Program Description	Building Blocks for Children offers services to help medically prepare under-served children for school. The vision and hearing screening is a portable program <i>targeting</i> children 0-5 years in the East Valley community and serves children up to age 18 years. The clinics, located in areas of greatest need as identified in the 2012 <i>Community Health Needs Screening for Chandler Regional Medical Center Service Areas</i> , are accessible to those least likely to receive vision/hearing screening from mainstream health care. Dignity Health provides partial salary for the RN manager of the Community Wellness department and provides the employee benefits for the BBC program coordinator/screener. The salary of the coordinator is grant funded
Community Benefit Category	A -2 Community Based Clinics
Planned Actions 2016-2018	
Program Goal / Anticipated Impact	To provide vision and hearing screening and education to the population of newborn -18 years in the Dignity Health service areas identifying those children requiring intervention and referral and ensuring that each child requiring intervention receives a referral in a timely manner.

Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> 1. Number of people screened 2. Number of people educated 3. Number of grants <ol style="list-style-type: none"> a. submitted b. awarded 4. Number of partners 5. Number of referrals
Intervention Actions for Achieving Goal	<p>Describe the principal program/initiative activities planned</p> <ol style="list-style-type: none"> 1. Confirm sites for calendar year 2. Maintain adequate staffing and supplies 3. Provide adequate hours of operation 4. Secure new/formal partners 5. Seek grant and other monies toward continuation and growth of BBC V&H
Planned Collaboration	<p>Current collaborations include: City of Chandler, Chandler Care Center, Vision Quest 2020, HEARS for Children, Lions Vision Service Center, Ear Foundation of Arizona, Target Optic Service Center, The Birth Haven, Chandler Christian Community Center.</p> <p>Planned Collaboration: Gilbert Community Clinic</p>
Chronic Disease Self-Management Program	
Significant Health Needs Addressed	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Problems of Aging <input checked="" type="checkbox"/> Mental/Behavioral Health <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Injury Prevention <input checked="" type="checkbox"/> Cancer
Program Emphasis	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaboration
Program Description	<p>The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. The Self-Management Program is designed to enhance regular treatment and disease-specific education such as cardiac rehabilitation, or diabetes instruction. In addition, many people. The program is especially helpful for people who have more than one chronic condition, as it gives them the skills to coordinate all the things needed to manage their health, as well as to help them keep active in their lives. Dignity Health's CDSMP is grant and foundation funded.</p>
Community Benefit Category	A-1 a Community Health Education
Planned Actions for 2016-2018	
Program Goal / Anticipated Impact	<p>Community Wellness would use a contribution from Dignity Health East Valley Foundation to enhance the marketability and availability of our current CDSMP workshops. The seven-week long workshops, to be held twice per year, are currently facilitated by one employee of Dignity Health's Community Wellness Department who is a certified CDSMP Lay Leader. Dignity Health East Valley</p>

	Foundation would fund the new part time position of CDSMP outreach coordinator/certified workshop facilitator. The coordinator will be responsible for: a) arranging workshop dates and locations; b) procurement of participants through marketing efforts and partnerships with faith health nurses, community centers, physician's offices and other community organizations serving the elderly or those with chronic conditions; c) co-facilitating workshops and d) participant follow-up data collection and entry required by the Stanford License as well as Dignity Health Corporate Office.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> 1. Hire a CDSMP coordinator/facilitator position by Dec.31, 2015 2. Send coordinator and Community Wellness nurse to become certified as CDSMP Lay Leaders by March of 2016 3. Socialize new coordinator to Dignity Health, Community Integration and Community Wellness including our community partners during first six months post hire. 4. Begin relationship building with parish nurses and other agencies/organizations who may partner with Dignity Health CDSMP coordinator to plan and present workshops by March 2016 5. Continue relationship with AZ Living Well Institute for opportunities to facilitate workshops for the newly certified Leaders 6. Be involved in 2 workshops in FY '16
Intervention Actions for Achieving Goal	Establish a CDSM program plan for the service areas and begin implementation within budgetary constraints.
Planned Collaboration	Arizona Living Well Institute Dignity Health Faith Health Ministry

Teen Pregnancy and Parenting Program

Significant Health Needs Addressed	X Access to Care <input type="checkbox"/> Problems of Aging <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Cancer
Program Emphasis	X Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaboration
Program Description	<ol style="list-style-type: none"> 1. Community- Teen Childbirth Preparation (CBP) - Childbirth classes are offered free to pregnant teens in the community. They are held every month (with the exception of July and December) at CRMC. The first 3 weeks concentrate on childbirth preparation and the 4th week focuses on preventing a second pregnancy through self-esteem exercises and discussion for the young women. The young dads are offered a Teen Boot Camp for New Dads (BCFND) facilitated by BCFND instructors who were also teen dads. Teens completing the entire series are awarded a child safety seat. 2. TEENS 4 Teens - provides teen moms and their babies' empowerment through Teen Education, Encouragement, Networking and Support. The teen new moms group will concentrate on creating and assisting with positive & healthy life outcomes for this unique population. Pregnant teens are also

	welcome to attend 3. High School Connect - on site childbirth education, healthy relationship skills, and financial literacy curricula are offered within several local high schools throughout the east valley
Community Benefit Category	A1a Community Health Education A1d Community Health Support group
Planned Actions for 2016-2018	
Program Goal / Anticipated Impact	1. Continue to apply for grants to secure additional funding in order to expand programs and number of teens reached (financial literacy curriculum, healthy relationships curriculum within high school setting and continuation of child safety seat incentive) 2. Continue offering TEENS 4 Teens on a weekly/bi-weekly basis 3. Continue to offer Teen Childbirth Preparation a minimum of quarterly 4. Consider program expansion for parenting teen dads 5. Expand program marketing/advertisement and Dignity Health Website specific to Teen Programs
Measurable Objective(s) with Indicator(s)	1. Continue to apply for grants to fund the programs as evidenced by receiving either money or a rejection 2. Meet or exceed attendance numbers for both Teen CBP, TEENS 4 Teens, and high school component during the fiscal year 3. Continue to offer Love Notes – healthy relationship curriculums at Compadre High School and work towards expanding to additional high schools 4. Continue to offer financial literacy curriculum within the Chandler Unified School District and work towards expanding to additional high schools
Intervention Actions for Achieving Goal	1. Continue community outreach to high schools, OB offices, and social service agencies to market Teen Pregnancy and Parenting program 2. Create/ continue to foster community partnerships/collaborations 3. Continue the pursuit of grants and educational opportunities to expand and enhance programs 4. Continue to offer Love Notes volume 2, and financial literacy curriculum within local high schools 5. Continue to offer Teen Childbirth classes and support groups
Planned Collaboration	Planned collaboration with local high school Compadre High School, Tempe Union School District Also in process of running a pilot financial literacy curriculum within the Chandler Unified School District

Think First	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Care <input type="checkbox"/> Problems of Aging <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Injury Prevention <input type="checkbox"/> Cancer
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaboration

Program Description	The <i>ThinkFirst for Kids Program</i> was developed by the ThinkFirst National Injury Prevention Foundation to increase awareness and knowledge among children about the risks of brain and spinal cord injury, and the use of good safety habits. The program is designed to enhance students' interest and learning by using four interactive components which include: 1) a brain and spinal cord injury prevention curriculum with six subject-integrated lessons, 2) an animated cartoon video that provides an overview of brain and spinal cord injury and safety topics, 3) a set of five comic sheets (one per safety topic), and 4) a set of five full-color classroom posters that reinforce key messages presented during classroom instruction. Teaching strategies are used that inspire creativity and learning (e.g., role-play, stories, visual enforcement, hands-on, reading, sharing ideas, etc.). The <i>Think First for Kids Program's</i> goal is to help students (grade 1-3) develop safety habits that will minimize their risks of sustaining a brain or spinal cord injury. This is done in a fun but interactive way, which also involves teachers, parents and the community.
Community Benefit Category	A 1 Community Health Education
Planned Actions for 2016-2018	
Program Goal / Anticipated Impact	<ol style="list-style-type: none"> 1. Present the <i>Think First for Kids Program</i> to at least two Title I schools and one afterschool community center 2. Provide bike helmets for each student 3. Continue collaboration with Maricopa School District in order to bring Think First for Kids Program to this new service area 4. Apply for grant to expand the program in high schools teaching ThinkFirst for Teens curriculum
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> 1. Present ThinkFirst for Kids curriculum to third graders in public schools in the City of Maricopa 2. Present ThinkFirst for Kids curriculum to third graders in the Gilbert/Chandler public school district 3. Present ThinkFirst for Teens curriculum to high school students if funding secured 4. Continue to apply for grants to fund the programs as evidenced by receiving either money or a rejection 5. Pre and posttests to be administered to students to assess knowledge transfer 6. Post-evaluations will be given to all teachers once the classroom/assembly sessions completed 7. Continue to collaborative Think First for Kids outreach events with SJHMC/BNI 8. If funding can be secured, provide lessons to children, 8-9 years at ICAN
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> 1. Provide education to prevent brain and spinal cord injury at local health fairs and clinics 2. Continue to provide <i>Think First for Kids</i> to the third graders in public schools in the City of Maricopa and Gilbert/Chandler School Districts 3. Provide program in summer to students at ICAN 4. Expand program to include ThinkFirst for Teens in high schools 5. Seek grant funding to sustain programs
Planned Collaboration	The <i>ThinkFirst for Kids</i> collaborates with Barrow's Injury Prevention Department, Chandler Regional Medical Center's Trauma Department, Gilbert

	Public Schools and the Maricopa Unified School District #20. The program received a \$3000 grant in December of 2014 from the Arizona Cardinals. In December 2015, the program received an additional \$3000 grant from the Arizona Cardinal Charities.
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Dignity Health Community Grants Program

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Problems of Aging <input checked="" type="checkbox"/> Mental/Behavioral Health <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Injury Prevention <input checked="" type="checkbox"/> Cancer
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaboration
Program Description	Each year the hospital allocates a percentage (0.05) of the previous year's expenses to support the efforts of other not-for-profit organizations in the local communities. An objective of the Community Grants Program is to award grants to nonprofit organizations whose proposals respond to identified priorities in the Community Health Needs Assessment and initiative. Additionally, it is required that a minimum of three organizations work together in a Community of Care to address an identified health priority.
Community Benefit Category	E2-a Grants: Community Grants Program

Planned Actions for 2016-2018

Program Goal / Anticipated Impact	<ol style="list-style-type: none"> 1. To award funds to nonprofit organizations whose proposals respond to the priorities identified in the CHNA and/or Community Benefit plan. 2. Fund proposals that best align with the community benefit core principle <ol style="list-style-type: none"> a) disenfranchised populations with unmet health needs b) primary prevention c) continuum of care d) capacity building e) collaborative governance 3. Fund Communities of Care initiatives to address identified needs and provide a more integrated approach and a collective impact on improving health. Specifically to address health priorities of chronic disease, access to health, oral health, mental health, and obesity. 4. Increase membership of community based partners by a least one. 5. Conduct committee and agency survey and consider changes to improve program, including forms and process. 6. Monitor funded initiatives through site visits, six month report, and Dignity Health sponsored networking/workshops.
Measurable Objective(s) with Indicator(s)	<ol style="list-style-type: none"> 1. 100% of agencies awarded a community grant will be addressing an identified need as stated in the initiative, CHNA, and community benefit plan. 2. 100% of the agencies awarded a community grant will be providing services to underserved/disenfranchised populations and align with the majority of Community Benefit Core Principles. 3. 100% of the agencies funded will be part of a Community of Care whereas three or more agencies working collaboratively to address an identified need.

	<p>4. One to two new members will be added to the community grants committee</p> <p>5. Survey completed, and at least one program improvement made as a response to survey.</p> <p>6. Committee members will complete site visits for 100% of awarded agencies, 100% of six month reports will be submitted and reviewed, and Dignity Health will sponsor at least one workshop.</p>
Intervention Actions for Achieving Goal	<p>1. Use the Request for Proposal (RFP) process to fund Communities of Care that address identified needs, align with significant health needs identified in the CHNA, and align with core community benefit principles.</p> <p>2. Meet and recruit community leaders to participate in the Committee</p> <p>3. Monitor and support funded agencies through reporting, site visits, and one: one, workshops, and connection to needed resources</p>
Planned Collaboration	<p>Through the grant awards, Dignity Health becomes a collaborative partner with each Community of Care, and associated agencies. To ensure success of the program. Specific planned collaborations over the past three years include: About Care, Neighbors Who Care, Valley of the Sun YMCA/Ahwatukee, Christian Community Center, Lutheran Social Services of the Southwest, Tempe Community in Action, Chandler Education Foundation, ICAN, My Sister's Place, Hope Community Health Center., Valley of the Sun YMCA/Chandler/Gilbert</p>

Center for Diabetes Management	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Care <input type="checkbox"/> Problems of Aging <input type="checkbox"/> Mental/Behavioral Health <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Cancer
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaboration
Program Description	<p>Our comprehensive Center for Diabetes Management (CDM) offers education for a wide variety of patient needs:</p> <ul style="list-style-type: none"> • Diabetes self-management training for people with type 1 and type 2 diabetes • Gestational diabetes/diabetes and pregnancy classes • Blood glucose meter training • Insulin initiation and management • Pre-diabetes/metabolic syndrome • Continuous glucose monitoring • Insulin pump management <p>The Center also participates in community events, health fairs and seminars, and offers free outreach and support groups and screenings to promote community awareness on lifestyle changes and the prevention and management of diabetes. All classes are taught at Center for Diabetes Management, an outpatient facility of Mercy Gilbert Medical Center. Facilities, expenses and staffing are supported by the hospital.</p>

Community Benefit Category	A-1 Community Health Education
Planned Actions for 2016-2018	
Program Goal / Anticipated Impact	Actively market Center for Diabetes Management to promote our services to patients, hospital staff and health care providers to achieve an average of 360 patient encounters per month. Coordinate with inpatient departments, care coordination, and nursing education to develop an effective system for referrals from inpatient to outpatient. (Includes Curaspan)
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • Number of patient encounters per month • Number of in-house referrals made, if able to accurately track. • Number of community events
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Form appropriate community partnerships and collaborative efforts to meet our goals related to community outreach and serving the underserved populations. • Continue with collaboration with hospital departments to establish inpatient education and an effective referral process. • Actively market Center for Diabetes Management to providers in the Gilbert service area, and directly to patient's via media coverage, website, and mailings, and brochures throughout the hospital. • Participate in AZ Diabetes Coalition. • Continue making second calls on referrals as staffing allows improving referral to scheduled percentage and net patients scheduled.
Planned Collaboration	Collaboration is planned with the Gilbert Wellness and Resource Center once it is built. We will continue to work with existing community partners and local municipalities. Educational seminars and mini educational moments should be implemented at Intel in the coming year.

Center for Faith Health Ministries	
Significant Health Needs Addressed	<input type="checkbox"/> Chronic Disease Self-Management <input checked="" type="checkbox"/> Access to care <input type="checkbox"/> Obesity <input type="checkbox"/> Mental Health <input type="checkbox"/> Oral Health
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	The Center for Faith Health Ministries is a relationship driven, presence building effort to strategically strengthen bonds between faith and healthcare communities. The Center works with 20+ faith communities providing: coordination for a valley-wide Faith Health Ministry Network; professional support and program development resources for Faith Community Nurses, Lay Health Leaders and Faith Health Ministries; and works to build a collaborative relationship between Faith Health Ministries and Dignity Health to enhance community wellness.
Community Benefit Category	A1 Community Health Education

Planned Actions FY2016-18	
Program Goal / Anticipated Impact	<ol style="list-style-type: none"> 1. Coordinate and facilitate Faith Health Ministry Networking meetings / trainings to provide a forum for the exchange of best practices and on-going faith-health education. 2. Build two-way communication channels between Dignity Health and Faith Health Ministries. 3. Document the impact of Faith Health Ministries. 4. Offer new ways to partner with congregations beyond faith community nurse model. 5. Prepare congregations to support congregants transitioning in /out of acute care.
Measurable Objective(s) with Indicator(s)	<p>Goal 1 – annually:</p> <ul style="list-style-type: none"> • Conduct a minimum of 10 meetings / trainings. <p>Goal 2 –quarterly:</p> <ul style="list-style-type: none"> • Create and distribute a newsletter within CRMC and MGMC to build program awareness and partnership potential within the East Valley. • Distribute health-related information to Health Ministries to meet their health needs. <p>Goal 3 – monthly:</p> <ul style="list-style-type: none"> • Document number of congregants impacted by Faith Health Ministries. • Track number of congregants receiving Dignity-Health branded health / wellness materials. <p>Goal 4 – annually:</p> <ul style="list-style-type: none"> • Offer program support to Caring Ministries, Health Committees and other wellness related activities in congregations with no faith community nurse. <p>Goal 5 – annually:</p> <ul style="list-style-type: none"> • Deliver programming to Health Ministries about steps that can prepare one for and ease transitions in / out of acute care.
Intervention Actions for Achieving Goal	<p>Goal 1</p> <ul style="list-style-type: none"> • Coordinate monthly networking & education meetings for Health Ministries. <p>Goal 2</p> <ul style="list-style-type: none"> • Publish <i>Community Connections</i> newsletter, to introduce CRMC and MGMC staff and departments to Health Ministries, highlighting opportunities to partner. • Provide access to health / wellness materials, as requested by Faith Health partners. <p>Goal 3</p> <ul style="list-style-type: none"> • Provide on-going coaching and assistance to support Health Ministries and develop their reporting capabilities to document the impact of their work. • Reach out to “centers of expertise” within Dignity Health, to connect our Medical Centers’ resources with Health Ministries in our service area. <p>Goal 4</p> <ul style="list-style-type: none"> • Deliver training, as requested, to prepare Lay Health Ministers, Caring Ministries, and Health Committees to have active Health Ministries. <p>Goal 5</p> <ul style="list-style-type: none"> • Coordinate with CRMC and MGMC departments to facilitate connections and information exchange to ease transitions in / out of acute care.
Planned Collaboration	The Center has active Faith Health Ministries with 15 congregations; is

	<p>cultivating new ministries with 5 more congregations; and has additional congregations searching for nurses and / or forming health committees / caring ministries in consideration of partnering with Dignity Health. The Center also plans to work intentionally with other non-profit organizations to assist Faith Health Ministries in meeting the needs of their congregations, for example United Food Bank for food / meal resources and Community Information and Referral for ease of access to health and human services in our community.</p>
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APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

EAST VALLEY HOSPITALS COMMUNITY BOARD MEMBERS

Name	Occupation/Title	Company
Terry Ambus, M.D.	Physician (anesthesiologist)	Chandler Regional Medical Center
Jason Bagley	Government Affairs Manager	Intel Corporation
Puneet Bhalla, M.D.	Physician (Oncology, Internal Medicine)	Ironwood Cancer & Research Centers
Tim Bricker (Ex officio)	Hospital President	Mercy Gilbert Medical Center and Chandler Regional Medical Center
Camille Casteel, Ed.D.	Superintendent of Schools	Chandler Unified School District
Helen Davis, J.D.	Attorney (specializing in family law)	The Cavanagh Law Firm
Jim Hayden	CEO of firm specializing in board of directors consulting and development	Board Developer, Inc.
John Hernandez	CEO of marketing communications agency	ON Advertising
Linda Hunt (Ex officio)	Service Area President/CEO	Dignity Health Arizona Service Area
Rick Kettner	Senior Director of Engineering	Orbital Sciences Corp. (aerospace)
Sister Mary Kilgariff, R.S.M.	Liaison for Community Health & Senior Programs	Dignity Health St. Mary's Medical Center
Carl Landrum	Retired Aerospace Engineer	
Linda Lujan, Ph.D.	New Ventures Officer	Maricopa County Community College District
Tom Marreel	CEO	Marreel Slater Insurance
Jack Martin (Ex officio-- Foundation Board Representative)	CEO	Tekline Electrical Services, LLC
Sister Bridget McCarthy, R.S.M.	Sister of Mercy; V.P. Mission Integration Greater Sacramento Area	Dignity Health
Paul McHale, M.D. (Board Vice-Chair)	Physician (Emergency Medicine)	Chandler Regional Medical Center
Terry Miller, Ph.D. (Board Chair)	Business owner	Mill-Rite High Performance Polymers, Inc.
Hector Peñuñuri	Senior Distribution Key Account Manager	Salt River Project
David Tierney (Ex officio--St. Joseph's Hospital Board Member)	Attorney (specializing in construction law)	Sacks, Tierney, P.A., Attorneys
Kathy Tilque	President/CEO	Gilbert Chamber of Commerce
Marc Tobler, M.D. (Ex officio--President of Medical Staff)	Physician (Radiologist), President of Medical Staff	Mercy Gilbert Medical Center and Chandler Regional Medical Center
Ivars Vancers (Board Secretary)	Owner of engineering consulting firm	Vancers Consulting Services
Veena Vats, M.D.	Physician (ear, nose, throat and facial surgery)	Trinity ENT and Facial Aesthetics
Joan Warner, M.D.	Physician (OB/GYN)	Desert Foothills OB/GYN

EAST VALLEY HOSPITALS COMMUNITY GRANTS COMMITTEE

Name	Occupation
Lori Bacsalmasi	Manager Community Education/Lactation, CRMC/MGMC
Jeanne Cahill	Manager Center for Diabetes Management, CRMC/MGMC
Milissa Chanice	Director, Environmental Care CRMC/MGMC
Staci Charles	President & CEO, Brain Lab
Kathleen Dowler	Director Community Integration, CRMC/MGMC
Maria Hesse	Vice Provost for Academic Partnerships, Arizona State University
James Kern	Dignity Health Volunteer, Community Member
Mary Beth Lawler	I.T. Systems Analyst & Community Impact Service Manager, Valley of the Sun United Way
Ken Loop	Community Member
Megan Miks	Manager Oral Health Program, CRMC/MGMC
Susan Ohton	Manager Community Wellness, CRMC/MGMC
Pamela Pearson	Dignity Health Volunteer, Community Member
John Sentz	Town of Gilbert Board, Community Member
Kathy Tilque	President/CEO, Gilbert Chamber of Commerce
Ivars Vancers	Owner, Vancers Consulting
Hector Peñuñuri	Senior Distribution Key Account Manager, Salt River Project
Lynda Dallyn	Regional Director, Clinical Social Work, Care Coordination Az/Nevada, Dignity Health
Theresa Dettler	Sr Coordinator Community Benefits, CRMC/MGMC
Gia Marchisano	Prenatal Program Coordinator, CRMC/MGMC
Belinda Banger	Community member

EAST VALLEY COMMUNITY BENEFIT COMMITTEE MEMBERS

Name	Occupation
Marty Breeden	VP, Mission Integration, CRMC/MGMC/SJHMC
Tim Bricker	CEO President, CRMC/MGMC
Milissa Chanice	Director Environment of Care, CRMC/MGMC
Trinity Donovan	CEO, Chandler Christian Community Center
Kathleen Dowler	Director of Community Integration, CRMC/MGMC
John Ford	Fire/EMS Consultant, Self Employed
Steve Gloyd	National Director of Business Development, Travel Assurance Promise
Jim Hayden	Owner, Board Developer ,Inc.
Maria Hesse, Ed.D.	Vice Provost for Academic Partnerships, Arizona State University
Joan Kruger	SVP Commercial Division, RE/MAX Solutions
Carl Landrum	Retired, Community Member
Dr. Paul McHale	MD Emergency Services, CRMC
Adelaida Severson, Ph.D.	President/CEO, Bushtex, Inc.
Ivars Vancers	Owner, Vancers Consulting
John Hernandez	CEO, ON Advertising
Sister Mary Kilgariff, RSM	Liaison for Community Health & Senior Programs Dignity Health St. Mary's Medical Center

APPENDIX B: FINANCIAL ASSISTANCE POLICY SUMMARY

SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

If you are uninsured or underinsured with an annual family income between 200-500% of the Federal Poverty level, you will be charged the Amount Generally Billed (AGB), which is an amount set under federal law that reflects the amounts that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services that you received.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción Disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Chandler Regional Medical Center 1955 W. Frye Road, Chandler, AZ 85224 | Financial Counseling
480-728-3564 Patient Financial Services 855-892-2400
www.dignityhealth.org/chandlerregional/paymenthelp

Mercy Gilbert Medical Center 3555 S. Val Vista Drive, Gilbert, AZ 85297 | Financial Counseling
480-728-7281 Patient Financial Services 855-892-2400
www.dignityhealth.org/mercygilbert/paymenthelp

St. Joseph's Hospital & Medical Center 350 W Thomas Road, Phoenix, AZ 85013 | Financial
Counseling 602-406-4923 Patient Financial Services 877-877-8345
www.dignityhealth.org/stjosephs/paymenthelp

St. Joseph's Westgate Medical Center 7300 N 99th Avenue, Glendale, AZ | Financial Counseling
866-556-8221 Patient Financial Services 877-877-8345 www.dignityhealth.org/stjosephs/paymenthelp

APPENDIX C: CURRENT AND PLANNED COLLABORATIVE PARTNERS

Chandler Care Center	Lutheran Social Services
Mission of Mercy	Tempe Community Action Agency
Foundation for Senior Living	Circle the City
Ironwood Cancer and Research Center	About Care
Chandler Christian Community Center	Neighbors Who Care
St. Vincent De Paul	Ahwatukee YMCA
Dignity Health East Valley Community Partnership	Keogh Foundation
Faith Health Ministry/Faith community	Maricopa County Department of Public Health
ICAN	Valley of the Sun YMCA/Ahwatukee
Chandler Education Foundation	East Valley Adult Resources
Valley of the Sun YMCA Gilbert/Chandler and Tempe	Rebuilding Together Valley of the Sun
Ironwood Cancer and Research Center	AT Still University
School districts: Chandler, Gilbert, Mesa, Kyrene, Tempe, Queen Creek, and City of Maricopa	Living Well Institute
Mesa Family Spot	Area on Aging
Tempe Thrive to Five	Desert Cancer Foundation
Child Crisis Arizona	Head Start
Guadalupe WIC	Aid to Women
Maggie's Place	Sun Lakes Senior Community
Mesa Community College	Mathew's Crossing
Southwest Behavioral Health	Marc Community Resources
Kyrene Family Resource Center	Birth Haven
Women's Infants and Children's (WIC)	Chandler Library
Chandler Senior Center	Mercy Housing in Gilbert and Mesa
Phoenix Children's Hospital	

APPENDIX D: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs 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.

Community Building Activities

Chandler Regional Medical Center Community Leadership: Dignity Health provides valuable leadership beyond the walls of the hospital by participating on community building boards that share our common goals and values. These include the Ahwatukee, Chandler and Gilbert Chambers of Commerce, Arizona Asthma Coalition, Arizona Bio industry Association, Arizona-Mexico Commission, Arizona State University Health Advisory, Arizona Women's Forum, Chandler Boys and Girls Club, Central Arizona College of Radiologic Technology, Chandler Education Foundation, Chandler Gilbert ARC, Chandler-Gilbert Community College, City of Chandler Economic Development Board, Desert Cancer Foundation, East Valley Hispanic Chamber of Commerce, ICAN, Intel, March of Dimes, Matthew's Crossing Food Bank, Positive Pathways, Power of the Purse, State Trauma Advisory Board, and the YMCA of Chandler.

Ecology

CRMC exercises responsible stewardship of the environment and partners with others to advance ecological initiatives. Policies are developed and implemented to address waste minimization, energy and water conservation and reduction of greenhouse gas emissions. Environmental initiatives include various interested departments, set goals for improved environmental performance and monitor, report and hold employees accountable for progress toward those goals. Examples include:

Clinical Laboratory- Plastic cuvettes used in coagulation analyzers to a company to be washed for our re-use. Diverts plastic waste from landfill.

- Local department-initiated recycle collection points for cardboard.
- The hospital-owned lab courier car is a Prius – a high mileage and high efficiency vehicle.

Security/ Plant Operations- Retrofitting parking lot lights with energy saving and longer life LED fixtures

- Installation of solar powered code blue stations in employee parking lots
- Responsible management of construction debris and metals recycling
- Landscaping choices include water minimization considerations
- Water treatment systems have been replaced with a soft water non-chemically treated solution. This replacement also reduces the generation of wastewater.

Clinical Informatics- Implementation of electronic medical records and managed print equipment and services
Environmental Services

- Chandler Regional Medical Center has partnered with Chandler Gilbert ARC to further our ecology efforts. Employees of Chandler Gilbert ARC with intellectual and developmental disabilities provide many talents and do a great job in completing important recycling tasks. ARC employees are on site every day to collect recyclable materials from collection locations throughout the facility.