2020 Dignity Health Community Grants Program

Dignity Health is pleased to announce the official kick-off of the 2020 Dignity Health Community Grants Program for Dignity Health, East Valley including Chandler Regional Medical Center (CRMC) and Mercy Gilbert Medical Center (MGMC) on Monday, May 13th, 2019 at 3:00PM

Community Grants Overview: The Right Resources in the Right Place at the Right Time

Philosophy

We cannot change the world by ourselves. Partnering with others who share our vision and values is the only way to bring about real improvements in the healthcare system. Our Community of Care Grants Program is an important way we are working with others to address issues revolving around social determinants of health, as well as to increase access to quality health care, and improve quality of life in the communities we serve. This program's efforts truly embody Dignity Health's five core values:

- 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 and demonstrate compassion for our sisters and brothers who are powerless.
- Stewardship – Cultivating the resources entrusted to us to promote healing and wholeness.
- Excellence – Exceeding expectations through teamwork and innovation.

Priority

With the Community of Care Grants Program, Dignity Health realizes its mission and enhances the advocacy, social justice and the healthier communities' efforts of its hospitals along with their religious and community sponsors. Dignity Health seeks to partner with other nonprofit organizations that are working collaboratively with others to address significant health needs identified in the Chandler Regional Medical Center (CRMC) and Mercy Gilbert Medical Center (MGMC) Community Health Needs Assessment (CHNA). Chandler Regional and Mercy Gilbert Medical Centers conducted a Community Health Needs Assessment (CHNA) that was approved and posted in January, 2019 that identifies significant local health needs. Significant health needs for CRMC and MGMC are:

1. **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, community survey respondents reported access to care as the number one most important "Health Problem" that impacts their community. There are also disparities experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians being least likely to have insurance and high poverty rates.

2. **Mental/Behavioral Health**

Mental and behavioral health are terms often used interchangeably to refer to a spectrum of health conditions which are each distinct yet often co-occurring and overlapping. Behavioral health includes not only ways of promoting well-being by preventing or intervening in mental illness such as anxiety or depression, but also has an aim preventing or intervening in substance abuse and suicide. 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.

Substance abuse was one of the top concerns for both focus group participants and key informants. Key informants listed alcohol and drug abuse as two of the riskiest health behaviors community members are engaging in. In 2017, the United States Health and Human Services Department declared a public health emergency and announced a plan to combat the opioid crisis. In 2016, 790 Arizonians died from opioid overdoses and trends show an increase of a startling 74% over the past four years.

Suicide was the eighth leading cause of death for Maricopa County, CRMC and MGMC's primary service area in 2016 (Appendix A). Although women are more likely to attempt suicide, men have higher rates of death by suicide. In Maricopa County, rates of suicide are highest among age groups 45-54 and 75+, which could indicate a potential health disparity in identification, referral or treatment of suicidal ideation.

3. Diabetes

In 2016, the number of deaths related to diabetes decreased in Maricopa County, but it is still the seventh leading cause of death in Maricopa County, CRMC and MGMC primary service area indicating a sustained health need.

4. Breast Cancer

Breast Cancer is the second leading cause of cancer among U.S. women. About 1 in 8 women in the U.S. will develop invasive breast cancer during their lifetime. While advancements continue to be made in the fight against breast cancer, incidence rates in Maricopa County continue to be highest among white non-Hispanic and blacks. In the CRMC and MGMC primary service area, breast cancer mortality rates among women ages 35-44 are higher than Maricopa County.

5. Injury Prevention

Injuries are not accidents, they are predictable and preventable. Unintentional injuries, including traffic-related, injuries, falls, burns, poisonings, and drowning were responsible for lost lives in the CRMC and MGMC primary service area. Unintentional injury is the fifth leading cause of death in Maricopa County and sixth leading cause of death in the CRMC and MGMC 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.

6. Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk. Dignity Health CRMC and MGMC are dedicated to making a positive impact on the social determinants of health, particularly on the health of those economically-disadvantaged communities. Resources that enhance quality of life can have a significant influence on population health outcomes. CRMC will focus on addressing homelessness, food insecurity, and transportation within their primary service area.

Social determinants of Health

In recent years, the healthcare sector has expanded its focus beyond illness treatment alone to include what creates health in the first place then tackling the challenging social, economic, and environmental issues that to a large extent determine our health status, our outlook, and our life expectancy. These are the "social determinants of health," a complex of factors related to where people are born, grow, work, live, and age. They represent the wider set of forces and systems shaping the conditions of life that drive

health outcomes, such as inequality, social mobility, community stability, and the quality of civic life.(www.DemocracyCollaborative.org).

For over two decades, overwhelming evidence from the U.S Department of Health and Human Services, the Centers for Disease Control and Prevention, and other sources suggest that social, economic, and environmental factors are more significant predictors of health than access to care. The University of Wisconsin Population Health Institute found that over 40% of the factors that contribute to the length and quality of life are social and economic; another 30 percent are health behaviors directly shaped by socio-economic factors; and another 10 percent are related to the physical environment where we live and make day to day choices- again inextricably linked to social and economic realities. Just 10 to 20 percent of what creates health is related to access to care, and the quality of the services received. Leading organizations are moving along a progression from 1) doing good things for the community; to 2) intentionally addressing social determinants of health.

According to the CDC website (2017), *Healthy People 2020* developed a "place-based" organizing framework, reflecting five key areas of Social Determinants of Health SDOH:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

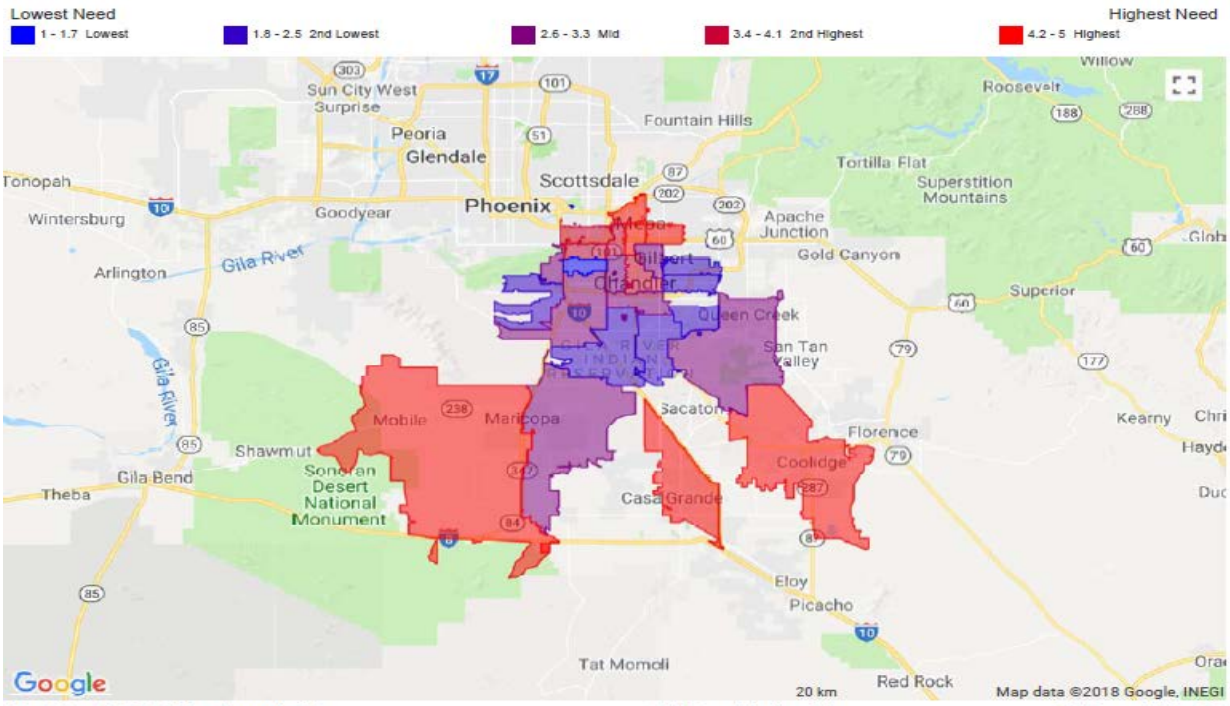
Examples of social determinants

▪ Availability of resources to meet daily needs (e.g., safe housing and local food markets). ▪ Access to educational, economic, and job opportunities ▪ Access to health care services ▪ Social norms and attitudes (e.g., discrimination, racism, and distrust of government).	▪ Quality of education and job training ▪ Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities. ▪ Transportation options. ▪ Public safety. ▪ Social support. ▪ Language/Literacy. ▪ Culture	▪ Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it). ▪ Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community). ▪ Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media).

Community Needs Index (CNI)

One tool used to assess health needs is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on

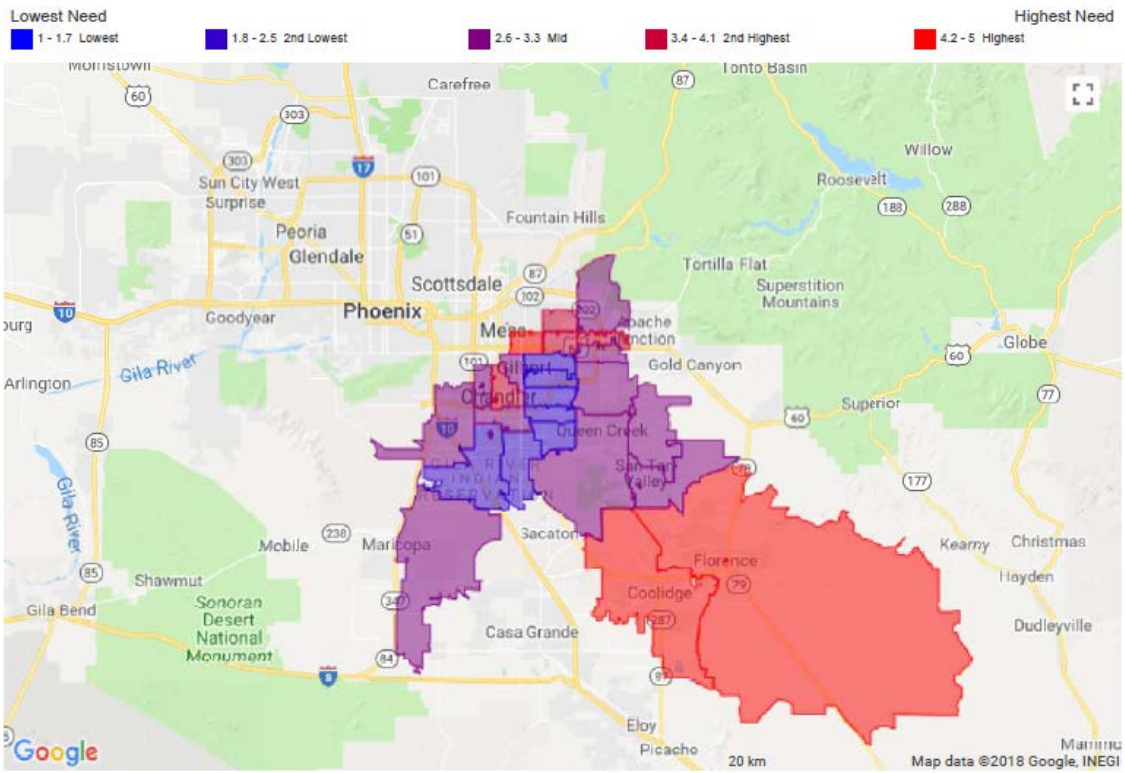
five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community.
Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Mean(zipcode): 3.1 / Mean(person): 3.2 CNI Score Median: 2.7 CNI Score Mode: 2.6

Zip Code	CNI Score	Population	City	County	State
85044	2.6	40284	Phoenix	Maricopa	Arizona
85048	2.4	35704	Phoenix	Maricopa	Arizona
85122	4.2	57888	Casa Grande	Pinal	Arizona
85128	4.8	21273	Coolidge	Pinal	Arizona
85138	2.6	43214	Maricopa	Pinal	Arizona
85139	4.2	21616	Maricopa	Pinal	Arizona
85142	2.6	64024	Queen Creek	Maricopa	Arizona
85201	4.6	50779	Mesa	Maricopa	Arizona
85202	4	40636	Mesa	Maricopa	Arizona
85204	4.4	66676	Mesa	Maricopa	Arizona
85210	4.6	39243	Mesa	Maricopa	Arizona
85224	3	46593	Chandler	Maricopa	Arizona
85225	4	75370	Chandler	Maricopa	Arizona
85226	2.6	38868	Chandler	Maricopa	Arizona
85233	2.8	39943	Gilbert	Maricopa	Arizona
85248	2.2	36325	Chandler	Maricopa	Arizona
85249	2	48083	Chandler	Maricopa	Arizona
85282	3.6	52175	Tempe	Maricopa	Arizona
85283	3.4	47190	Tempe	Maricopa	Arizona
85284	1.6	18133	Tempe	Maricopa	Arizona
85286	2.6	49140	Chandler	Maricopa	Arizona
85295	2.2	49511	Gilbert	Maricopa	Arizona
85296	2	45985	Gilbert	Maricopa	Arizona
85298	2	31321	Gilbert	Maricopa	Arizona

According to the CNI for Chandler Regional Medical Center the primary service area has a mode CNI score of 2.6 and includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85128, 85201, 85210, 85204, 85122, and 85225.



Mean(zipcode): 2.9 / Mean(person): 2.9 CNI Score Median: 2.8 CNI Score Mode: 2.6

Zip Code	CNI Score	Population	City	County	State
85128	4.8	21273	Coolidge	Pinal	Arizona
85132	4.2	35037	Florence	Pinal	Arizona
85138	2.6	43214	Maricopa	Pinal	Arizona
85140	2.8	47085	San Tan Valley	Pinal	Arizona
85142	2.6	64024	Queen Creek	Maricopa	Arizona
85143	3.2	43222	San Tan Valley	Pinal	Arizona
85204	4.4	66676	Mesa	Maricopa	Arizona
85205	3.4	43398	Mesa	Maricopa	Arizona
85206	3.4	37294	Mesa	Maricopa	Arizona
85207	2.8	51471	Mesa	Maricopa	Arizona
85208	3.6	39437	Mesa	Maricopa	Arizona
85209	2.8	43826	Mesa	Maricopa	Arizona
85212	2.6	34265	Mesa	Maricopa	Arizona
85224	3	46593	Chandler	Maricopa	Arizona
85225	4	75370	Chandler	Maricopa	Arizona
85226	2.6	38868	Chandler	Maricopa	Arizona
85233	2.8	39943	Gilbert	Maricopa	Arizona
85234	2.4	53860	Gilbert	Maricopa	Arizona
85248	2.2	36325	Chandler	Maricopa	Arizona
85249	2	48083	Chandler	Maricopa	Arizona
85286	2.6	49140	Chandler	Maricopa	Arizona
85295	2.2	49511	Gilbert	Maricopa	Arizona
85296	2	45985	Gilbert	Maricopa	Arizona
85297	2.2	37180	Gilbert	Maricopa	Arizona
85298	2	31321	Gilbert	Maricopa	Arizona

According to the CNI for Mercy Gilbert the primary service area has a mean CNI score of 2.6 and includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85128, 85204, 85132, and 85225.

Communities of Care Grant Program Initiative

Dignity Health seeks to fund nonprofit organizations that formally and strategically work together in "Communities of Care" (three or more organizations) that address significant health needs identified in the CRMC and MGMC Community Health Needs Assessment and Implementation Strategy.

- Access to Care
- Mental Health/Behavioral Health
- Diabetes
- Injury Prevention
- Breast Cancer
- Social Determinants of health focusing on homelessness, food insecurity, and transportation

Dignity Health grants funds are to be used to deliver services to and improve the health and well-being of underserved populations (e.g., economically poor, women and children, mentally or physically disabled, at-risk minority, or other disenfranchised populations.

Dignity Health encourages program proposals that integrate the following Community Benefit Core Principles:

- Focus on disproportionate unmet health-related needs
- Emphasize primary prevention and address underlying causes of health problems
- Contribute to a seamless continuum of care
- Build community capacity
- Demonstrate collaboration

Dignity Health recognizes that patients discharged from the hospital or emergency rooms often lack needed resources to fully recover and improve their health. Furthermore, there are limited **community-based** resources to manage not only the health needs of high risk and disenfranchised populations, but also the social determinants impacting their health.

Dignity Health is committed to reducing the burden of costs to patients and hospitals by reducing unnecessary admissions, readmissions, and emergency room visits that can be avoided through effective Community of Care collaborations that address the identified significant needs and social determinants of health.

Consideration will be given to those Communities of Care projects that demonstrate strong collaborations utilizing a population health focus addressing both **health status and social determinants of health**. Priority will be given to Community of Care applications that incorporate innovative and integrated models and approaches for service delivery, including:

- Use of and/or development of technological solutions
  - Data sharing and tacking
  - Patient/client monitoring
  - Social media
- Use of and/or development of referrals from hospitals and/or referrals to and from other community agencies.
- Population health management solutions.
  - Case Management

- Navigator
- Promotora
- Community Health Worker

➢ Transition and coordination of care from hospital to home.
➢ Access to community-based education, resources, and health care services associated with identified significant health needs.

Funding

Dignity Health Community Grants Program is funded by contributions from its member hospitals. Grant project awards range from $**20,000 up to $100,000.**

Eligibility and Parameters

- Lead applicant must be a 501(c)(3) nonprofit organization.
- Community of Care funded partners must be a nonprofit organization.
- Grant project awards are from $20,000 to $100,000. Individual hospitals may reduce the $100,000 limit, depending on the availability of funds.
- Organizations participating in more than one Community of Care will be limited to $100,000 in funding.
- Grants are made for one year.
- Grant project performance period is January – December 2020.
- Grant project can serve specific community and/or patient population.
- Mid-year and final written reports are required.

Criteria

- Proposed project addresses one or more prioritized significant needs in the local hospital's Community Health Needs Assessment (CHNA).
- People to be served include identified vulnerable or underserved populations, to help address health disparities.
- Project proposal is from three or more collaborating organizations (An Accountable Care Community, known as a Community of Care) playing distinct and complementary roles.
- Proposed project works with the Dignity Health hospital in the local community.
- Proposed project integrates one or more of the following core principles:
    - Focus on disproportionate unmet health-related needs;
    - Emphasize primary prevention and address underlying causes of health problems
    - Contributes to a seamless continuum of care ;
    - Build community capacity; and
    - Demonstrate collaboration
- Specific and measurable target outcomes are identified, and will be evaluated and reported.
- Strict adherence to grant guidelines and required reporting is expected.
- One application is to be submitted by the lead organization within a "Community of Care"
    - Each partner, within a "Community of Care" must submit their request as part of the collaborative effort in one application, demonstrating their contribution to the goals, objectives, and measurements for a collective impact.
- Proposal must identify the change expected and how the change will be achieved, including the time frames changes will occur, and how progress will be measured.
- Previously funded Communities of Care should be prepared to provide informational data on:

- Achieved outcomes
- Movement towards sustainability

- Community of Care proposals with intent to work directly with hospital must identify the department and hospital representative.

Key Community of Care Concepts

- Population Health Focus with targeted population.
- Seamless integrated approach to planning, implementation, monitoring, and reporting.
- Social determinants of Health.
- Strong Communication among collaborative partners demonstrating
  - Trust
  - Transparency
  - Ongoing communication
  - Shared data
- Shared vision for resolving an "identified" problem.
- Cross-Sector collaboration with Focused innovative and collaborative approaches to an identified need.
- What is the gap: What does not exist in expertise and resources that the Community of Care can provide?
- Targeted Focus:
  - Plan for Success: Who -What -Where –When-Why-How.
  - Clearly stated strategies, goals, activities, and outcomes.
  - Identify change expected change and how the change will be achieved and measured.
- Partner Contribution
  - Each partnering organization should demonstrate their contribution and integration with the overall project including expertise, resources, and activities.
- Demonstrate Strong alignment with:
  - Dignity Health CHNA
  - Core Community Benefit Principles
  - Community Grants Program Initiative
- Identified and Strong Lead Agency/organization
  - Disperses the predetermined and approved funding
  - Has the infrastructure, experience, and expertise
  - Leads collaboratively
  - Guides the work of the Community of Care
  - Organizational structure
- Identify Dignity Health hospital department or key collaborator

Timeline

1. Announcement of Initiative: **Monday, May 13th 2019 at 3:00PM**
2. Letter of Intent to apply due: **Friday, June 21, 2019 at 4:00pm**
3. Encourage/discourage notification: **Friday, July 26th 2019**
4. Final Full Proposal grant application due: **Friday August 23rd 2019 at 4:00pm**
5. Final grant approval by Dignity Investment Committee**: November, 2019**

Following thorough review and discussion by the Community Grants committee, all organizations will be informed of the decision. Organizations selected to submit a full proposal will receive further information on the requirements.

Submission Requirements

1) Applications will **only** be accepted through the online e-CImpact website:
All agencies will use e-CImpact: https://agency.e-cimpact.com/login.aspx?org=DignityHealth

2) If you have questions regarding the on-line submission process, please contact Theresa Dettler, Community Benefit coordinator, e-mail at CommunityGrantsChandler-Mercy@DignityHealth.org or phone number 480-728-5717.

Resource Information
Resources are available on both, Dignity Health and e-CImpact websites to access the documents listed here.

Community Health Needs Assessment (CHNA) and Community Needs Index:
Mercy Gilbert Medical Center:
https://www.dignityhealth.org/arizona/locations/mercygilbert/about-us/community-benefit-outreach/benefits-reports

Chandler Regional Medical Center:
https://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/community-benefit-outreach/benefits-reports