Dignity Health™
Arizona General Hospital

Arizona General Hospital
Community Health Implementation Strategy
2016 – 2018

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Arizona General Hospital features inpatient rooms, two advanced operating suites, an Emergency Room, a laboratory, and a full radiology suite. The hospital, located in Laveen, is capable of inpatient and outpatient surgical procedures as well as 24/7 access to emergency medical care.

The city of Laveen is primarily served by Arizona General Hospital. Laveen is situated eight miles southwest of Downtown Phoenix between South Mountain and the Gila and Salt rivers. The area of Laveen contains approximately 48 square miles of largely undeveloped, agricultural property, as well as several groups of residential housing developments. After several annexations from the mid-1990s to the present, a large portion of the community lies within the city limits of Phoenix and is designated by the city as Laveen Village.

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. For this report the focus will be on the primary service area of Arizona General Hospital. 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 Arizona General Hospital includes the zip codes making up the top 75% of the total patient cases.

Primary Care Area (PCA) Statistical Profiles are revised annually and provide detailed information on the demographics, health resources, hospital utilization, and health status indicators in defined geographic areas throughout Arizona. According to the Arizona Department of Health Services (ADHS), the Laveen Village PCA has been federally designated as a Medically Underserved Area.[23] Laveen Village is split between District 7 and District 8, both notable as minority-majority districts for the city. Although Laveen has been home to cotton and dairy farms since the 1880s, housing and commercial developments have been increasingly urbanizing the area. More than half of the population of Arizona General Hospital's primary service area is adults between 20-64 years of age. Nearly 27% of residents do not have a high school diploma, and approximately 25% are without health insurance. These data show that the population as a whole is majority non-White, and with a median income below Maricopa County and the state of Arizona. Table 1 provides the specific age, sex, and race/ethnicity distribution and data on key socio-economic drivers of health status of the population in Arizona General Hospital's primary service area compared to Maricopa County and the state of Arizona.

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 risks include 85041, 85043, and 85339. SJWG will adopt its strategic initiatives within these zip codes and collaborate with St. Joseph's Hospital and Medical Center for delivery of these programs.

The 2016-2018 Community Health Improvement Strategy initiative will be entitled, ***"Growing Together for Healthier Communities"***. This strategy will provide the infrastructure to address the following goals:

- Provide evidence based prevention programs to address health and social issues that improve a person's health
- Create and increase connections to health and social services to improve health for individuals and their community

- Improve systems of delivery of care and collectively impact the community's health, safety, and well-being by collaborating with all sectors of the community.

A special focus will be emphasized on the key areas that were identified through the 2016 Community Health Needs Assessment (CHNA). The significant community health needs identified are:

- Access to Health Services
- Mental/Behavioral Health and Substance Abuse
- Diet-Related Disease – Obesity
- Chronic Health Conditions (Respiratory Illness (Asthma, COPD, Lung Disorders, Cancer)
- Injury and Trauma

St. Joseph's Hospital and Medical Center, St. Joseph's Westgate, Arizona General Hospital and its joint ventures, OASIS and Arizona Orthopedic and Surgical Hospitals will work closely with Maricopa County Department of Health, Arizona Department of Health and Service, other hospitals in Maricopa County, along with nonprofit organizations, for profit organizations, concerned citizens and patients to provide comprehensive supports and preventive services for the significant community health needs identified in the 2016 Community Health Needs Assessment. The hospitals can serve as the convener, collaborators and lead agency for complex health and social issues impacting the community. It will serve as a "community hub" that will connect the health needs of its patients, community and agencies in an integrated manner through the implementation of the "2MATCH" (To Match through Community Hub) program to further enhance the work in the ***"Growing Together for Healthier Communities"*** initiative.

During the 2016-2018 Community Health Implementation Strategies will focus on improving access to health and human services through comprehensive integrations of services both in the community and within the clinical settings to create a seamless continuum of care while utilizing the strategies outline in the "National Prevention Strategy America's Plan for Better Health and Wellness" (June 16, 2011)[1] (http://www.surgeongeneral.gov/priorities/prevention/strategy/report.html). It identifies a national prevention strategy to increase the number of Americans who are healthy at every stage of life. We will support and implement the efforts and strategies listed in Health People 2020, CDC's 6/18 Initiative, CDC's National Prevention Strategy, Arizona Department of Health and Human Services Implementation Strategies, and Maricopa County Implementation Strategies. By 2018, together with our collaborating partners, we will be able to demonstrate impact in an effort to improve the health and wellness of the communities we serve.

This document is publicly available http://www.dignityhealth.org/westgate/about-us/community-benefit. The reports were presented to the public in an open forum and announced to the public through social media and printed information. Written comments on this report can be submitted to the contacting the Community Health Office by calling 602-406-2288 or e-mail at CommunityHealthAGH@Dignity Health.org.

[1] **National Prevention Strategy America's Plan for Better Health and Wellness** (http://www.surgeongeneral.gov/priorities/prevention/strategy/report.html)

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

Arizona General Hospital features inpatient rooms, two advanced operating suites, an Emergency Room, a laboratory, and a full radiology suite. The hospital, located in Laveen, is capable of inpatient and outpatient surgical procedures as well as, provide 24/7 access to emergency medical care.

The city of Laveen is primarily served by Arizona General Hospital. Laveen is situated eight miles southwest of Downtown Phoenix between South Mountain and the Gila and Salt rivers. The area of Laveen contains approximately 48 square miles of largely undeveloped, agricultural property, as well as several groups of residential housing developments. After several annexations from the mid-1990s to the present, a large portion of the community lies within the city limits of Phoenix and is designated by the city as Laveen Village.

OUR COMMITMENT

Rooted in Dignity Health's mission, vision and values, Arizona General Hospital (AGH) is dedicated to improving community health and delivering community benefit with the engagement of its management team, Board of Directors, and in collaboration with the St. Joseph's Hospital and Medical Center's Community Health Integration Network (CHIN). The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

Arizona General Hospital (AGH) in collaboration with St. Joseph's Hospital and Medical Center (SJHMC) and its affiliates, are committed to meeting the health needs of the community by ensuring implementation of successful programs that meet the specific needs of the people within the community. Success is achieved through assessment of community needs, involvement of key hospital leaders, and implementation of community benefit activities. Organizational and community commitment involves Dignity Health's and Arizona General Hospital's Executive Leadership Team, Community Health Integration Network, Community Board, Arizona General Hospital's Board of Directors, and Community Benefit Department.

Executive Leadership Team: The AGH Executive Leadership Team is responsible for reviewing the Community Health Implementation Strategy prior to presentation and approval by the Board of Directors in alignment and collaboration with SJHMC. The Executive Leadership Team's contribution to the implementation strategies include helping to identify prioritized needs, and reviewing alignment of the Community Health Implementation Strategy with the Community Health Needs Assessment (CHNA), the hospital's overall strategic plan, and budgeting for resources.

Community Health Integration Network (CHIN): This is a committee of St. Joseph's Hospital and Medical Center's Community Board and is chaired by a member of the Community Board. CHIN is responsible for reviewing the CHNA and CHIS, prior to approval from the board. They along with representatives from Arizona General Hospital recommend health priorities and recommend implementation strategies to the Board of Directors, along with SJHMC Community Board for approval, aid in implementation, and project outcomes from the CHIS. Please refer to Appendix A for a complete list of current board members.

Board of Directors and Community Board: The AGH Board of Directors in collaboration with SJHMC Community Board is responsible for the oversight, adoption of the CHNA, Implementation Strategy and approval of the CHNA and the Community Health Implementation Strategy (CHIS), along with budgeting, monitoring and ensuring the success of the plan's outcomes. The AGH Board of Directors in collaboration with SJHMC Community Board is also committed to bettering the community. Please refer to Appendix A for a complete list of current board members.

SJHMC Community Health Integration/Benefit Department: The Community Health Integration/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 Health Integration/Benefit Department is directly responsible for the CHNA, Community Health Implementation Strategy, Dignity Health Community Grants Program, program implementation, evaluation and monitoring, community collaboration, and reporting of community benefit activities. Key staff positions include: Director of Community Health Integration and Community Benefit, Community Benefit Specialist, and Community Health/ Benefit Coordinator.

Arizona General Hospital, along with, St. Joseph's Hospital and Medical Center's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary 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.

Dignity Health Arizona also invested $421,753 in community grants to provide funding for collaborative engagement and programs to the nonprofit community to work on the areas of need identified in the CHNA and Community Health Implementation Strategy.

DESCRIPTION OF THE COMMUNITY SERVED

The geographic area for this CHNA is Maricopa County, the common community for all partners participating in the Maricopa County Coordinated Health Needs Assessment collaborative (CCHNA). However, Arizona General Hospital's primary service area specific information will also be provided when available.

Maricopa County is the fourth most populous county in the United States. With an estimated population of four million and growing, Maricopa County is home to well over half of Arizona's residents. Maricopa County encompasses 9,224 square miles, includes 27 cities and towns, as well as the whole or part of five sovereign American Indian reservations.

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The City of Phoenix is the capital, and largest city, of the state of Arizona. Phoenix is the anchor of the Phoenix metropolitan area, also known as the Valley of the Sun. Surrounding communities include Tempe, Scottsdale, Glendale, Peoria, Tolleson, Avondale, Buckeye, Goodyear Surprise and Gila Bend. The primary service area includes both moderate and high-risk areas with significant socio-economic barriers and is considered a medically underserved area . Zip code areas with the highest risks include 85003, 85004, 85006, 85007, 85008, 85009, 85015, 85017, 85019, 85031, 85033, 85040, and 85301.[i]

Demographic and Socioeconomic Profile

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Table 1: Population Demographics

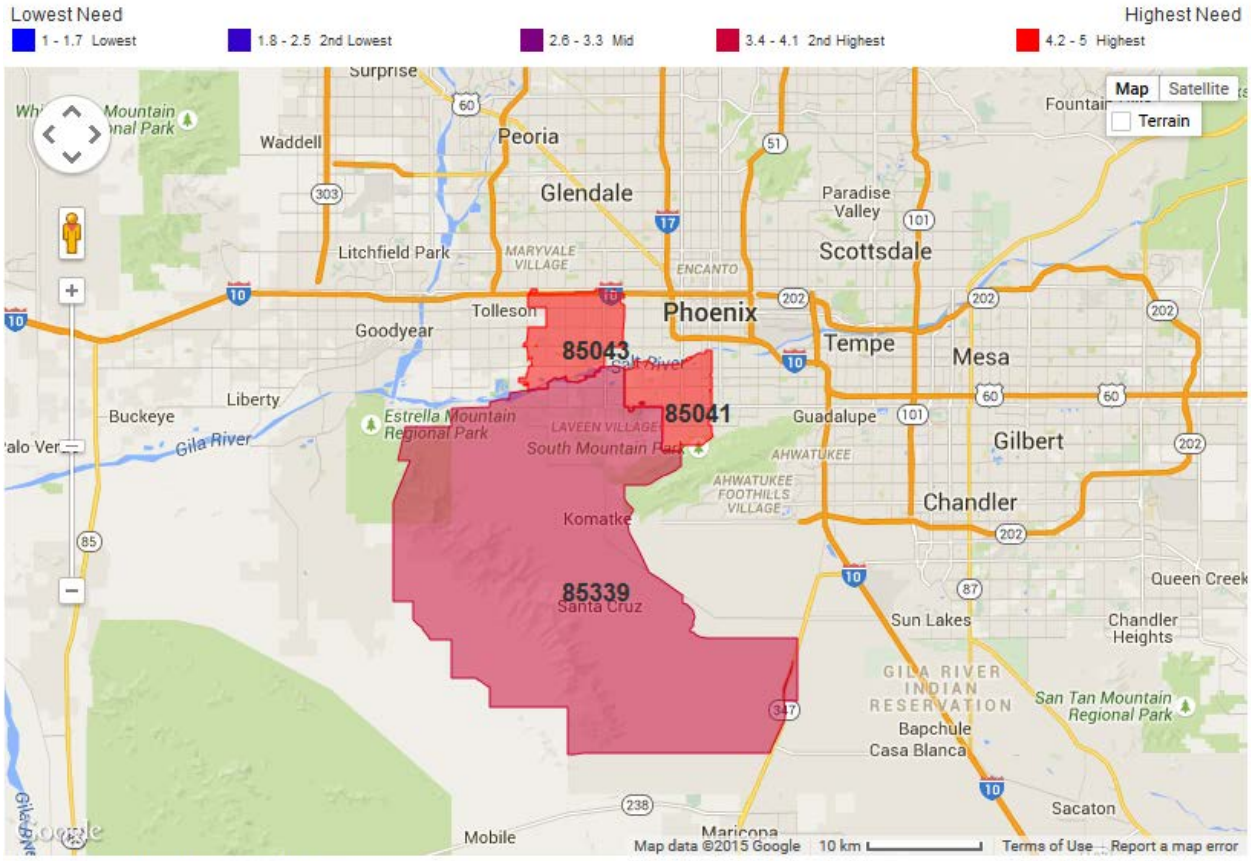
	Arizona General Hospital PSA	Maricopa County	Arizona
Population: estimated 2015	132,967	3,947,382	6,561,516
Gender			
• **Male**	49.1%	49.4%	49.7%
• **Female**	50.9%	50.6%	50.3%
Age			
• **0 to 9 years**	20.4%	14.2%	13.9%
• **10 to 19 years**	16.3%	14.1%	13.8%
• **20 to 34 years**	24.0%	21.3%	20.5%
• **35 to 64 years**	33.2%	37.4%	37.0%
• **65 to 84 years**	5.7%	11.4%	13.1%
• **85 years and over**	0.4%	1.6%	1.7%
Race			
• **White**	44.5%	80.0%	78.9%
• **Asian/Pacific Islander**	4.4%	3.9%	3.1%
• **Black or African American**	14.4%	5.2%	4.2%
• **American Indian/Alaska Native**	4.1%	1.9%	4.4%
• **Other**	27.9%	6.0%	6.3%
• **2 or more races**	4.7%	3.0%	3.1%
Ethnicity			
• **Hispanic**	59.7%	29.9%	30.1%
Median Income	$49,826	$53,596	$49,774
Uninsured	24.0%	17.2%	16.8%
Unemployment	7.7%	6.1%	6.3%
No HS Diploma	26.8%	13.6%	14.3%
Limited English Proficiency	21.9%	10%	9.5%
Renters	30.1%	37.5%	35.6%
Medicaid Patients	23.7%	13.8%	20.0%
CNI Score	4.2	3.4	
Medically Underserved Area	Yes		

Within Maricopa County, there is a concentration of the minority populations in close proximity to the hospital. Access to affordable health care continues to challenge individuals who do not qualify for Medicaid and Marketplace insurance. Many of these individuals seek care within the Emergency Department and local free clinics.

Community Need Index

One tool used to assess health need 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.

Primary Service Area CNI scores



Mean(zipcode): 4.2 / Mean(person): 4.2 CNI Score Median: 4.6 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
85041	4.4	62119	Phoenix	Maricopa	Arizona
85043	4.6	39856	Phoenix	Maricopa	Arizona
85339	3.6	43207	Laveen	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 Health Integration Network (CHIN) and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment Process

On January 27, 2016, St. Joseph's Hospital and Medical Center, approved the 2016 Community Health Needs Assessment (CHNA) that was conducted in 2015 as a collaboration with Maricopa County Department of Public Health (MCDPH) conducted a comprehensive assessment of the health needs of the resident of Maricopa County, as well as those in their the primary and secondary service areas.

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. 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. 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 to help determine community needs and priorities. Additionally, meetings were held with stakeholders from the Community Health Integration Network (CHIN) and Arizona's Communities of Care Network (ACCN) to assist with the analysis and interpretation of data findings.

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 St. Joseph's Hospital and Medical Center's Fiscal Year 2015, Prevention Quality Indicators.

The CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data from existing data sources and community input or qualitative data from focus groups, surveys, and meetings with community stakeholders. The process was reiterative as both the secondary and primary data were used to help inform each other. The advantage of using this approach is that it validates data by cross-verifying from a multitude of sources.

Dignity Health, St. Joseph's Hospital and Medical Center Community Board reviewed, approved and adopted the Community Health Needs Assessment at its January 27, 2016 meeting. The complete

CHNA report is publicly available at: http://www.dignityhealth.org/stjosephs/about-us/community-benefit/community-benefit-resources

Process and Criteria for Prioritization

To be a 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 from the CHIN and ACCN (See Appendix A for list of participating organizations). 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. Throughout the presentation, stakeholders in attendance responded to survey questions that would later be used during strategy sessions to identify health priorities. After completion of the presentation, stakeholders were given the opportunity to provide additional feedback and recommendations. The second step in the process involved review and prioritization of the key emerging health needs outlined in the MCDPH presentation. 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 AGH for priority health needs.

CHNA Significant Health Needs

The following statements summarize each of the areas of priority for AGH, 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 AGH's primary service area, one out of every five 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.

Mental/Behavioral Health and Substance Abuse

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 and inpatient discharges for Arizona General Hospital's primary service area and the highest rates of visits can be attributed to adults ages 18 to 34.[5] Substance Abuse

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. Fifteen percent of adults 18 years and older report binge drinking (defined as having 5 or more drinks for men and 4 or more drinks for women on one occasion) in the last 30 days on the Behavioral Risk Factor Surveillance System survey.[6] Furthermore, approximately one out of every four high school seniors reported binge drinking in the last 2 weeks on the Arizona Youth survey.[7]

Obesity (Diet Related Illnesses

Key informants felt that being overweight, poor eating habits and lack of exercise were among the top five risky health behaviors community members were engaging in. According to the 2013 Youth Risk Behavior survey, the number of obese high school students is increasing and now accounts for 13.7% of all students. The percentage of adults that report being overweight and obese on the Behavioral Risk Factor Surveillance System survey is decreasing. However, Hispanic residents continue to experience disparities related to obesity and in 2013, 34.1% reported being obese.

Chronic Conditions

Chronic Conditions identified include: respiratory illnesses (i.e. asthma, COPD, lung disorders), diabetes, cardiovascular disease, and cancer.

- **Asthma** is the eighth leading cause of emergency department visits in Arizona General Hospital's primary service area.[10] [11] Pneumonia is among the top ten leading causes of emergency department visits in the primary service area.[12] Additionally, 6.8% of adults reported having been told they have chronic obstructive pulmonary disorder by a medical doctor.[1311] **Pneumonia** is among the top ten leading causes of emergency department visits in the primary service area.[12] Additionally, 6.8% of adults reported having been told they have chronic obstructive pulmonary disorder by a medical doctor.[13]
- **Diabetes**: The number of deaths related to diabetes is decreasing in Maricopa County, but it is still the seventh leading cause of death in SJHMC's primary service area indicating a sustained health need.[13]
- **Cardiovascular disease** is second leading cause of death for Maricopa County and the primary service area.[15]
- **Cancer** is a leading cause of death in Dignity Arizona service area, and is listed as one of the top five areas of concerns from the key informants surveyed. The highest site-specific incidence rate in primary service area is due to lung cancer.

Injury and Trauma

Unintentional injury is the third leading cause of death for AGH's primary service area.[18] It is also the leading cause of emergency department visits and the second leading cause of inpatient discharges.[19] Males are more likely to suffer from an unintentional injury with the exception of falls which are more prevalent among females.[20] Focus group participants reported neighborhood safety as a significant community health concern. Injuries related to interpersonal violence can be attributed to unsafe neighborhoods and key informants felt neighborhood safety was among the top ten factors that would improve quality of life in the community.

Resources Potentially Available

The needs within the community are great and will require additional resources to assist the hospital and the communities reach its collective goals and objectives. 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 Arizona Communities of Care Network is a collaborative effort with diverse organizations participating in providing assistance to the community while directly collaborating with the hospital. Information on these efforts can be found by going to: http://www.dignityhealth.org/stjosephs/about-us/community-benefit/arizona-community-of-care-network The Health Improvement Partnership of Maricopa County (HIPMC) is also another 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 also a valuable to resource to help AGH connect to other community based organizations that are targeting many of the same health priorities. For more information go to: http://www.arizonahealthmatters.org/index.php?module=Tiles&controller=index&action=display&alias=LandingPage

Significant Health Needs Not Being Addressed

The CHNA provides a wide-range of opportunities to serve the community and meet the growing needs it has to continue to be healthy, safe and well. Arizona General Hospital is community hospital with inpatient rooms, two advanced operating suites, an Emergency Room, laboratory and full radiology suite. It works closely with St. Joseph's Hospital and Medical Center as an acute care hospital is not licensed to provide care to children less than fifteen years of age within the hospital setting. With our collaborative engagement with Phoenix Children's Hospital, we are able to work collaboratively to meet the needs listed for children and also collaborate with the community where areas of need are unmet. The services that are not met by Arizona General Hospital and St. Joseph's Hospital and Medical Center are met by other health care facilities or collaborative partnerships within Maricopa County. Currently there are 32 hospitals, 14 specialty hospitals and 53 Federally Qualified Health Centers in Maricopa County that are also providing health and human services.

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 relate 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.

Process and Criteria for Prioritization

The process for prioritization included engagement with both internal Dignity Health stakeholders and community partners from the CHIN and ACCN (See Appendix A for list of participating organizations). The first step of the process was a comprehensive presentation that included an overview of the CHNA findings and key emerging health needs. Stakeholders in attendance of the January 2016 Arizona Community of Care Network meeting completed a SOAR (Strengths, Opportunities, Aspirations, and Results) Analysis that would later be used during strategy sessions to determine the implementation strategies. The ACCN identified areas and programs that they will collaborate with the hospital and community to create healthier and sustainable communities. CHIN members received an overview of these implementation strategies at the March 2016 meeting, and were given the opportunity to provide feedback and additional comments.

Planning for the Uninsured/Underinsured Patient Population

Arizona General Hospital seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

Arizona General Hospital notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

The staff, visitors and community are made aware of the Financial Assistance Policy through a variety of methods, which include, but are not limited to Financial Assistance Policies being posted and made visible throughout the hospital, emergency department and outpatient settings. Information is provided in the prominent languages, English and Spanish in admitting areas of the hospital, outpatient services and community clinics. The Financial Assistance Policy is available on hospital's website. (http://www.dignityhealth.org/arizonageneral/patients-and-visitors/for-patients/billing-and-payment/payment-assistance). The hospital's patient financial services work diligently to ensure that

patients, visitors and the community are aware of the opportunities available to them through community resources and governmental programs, which include, but not limited to Medicaid (AHCCCS), KidsCare (SCHIP program), Federal Emergency Services, Marketplace, Medicare, and free and federally qualified clinics that can provide assistance beyond Dignity Health Financial Assistance Program.

2016-2018 Implementation Strategy

This section presents strategies, programs and initiatives the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed "program digests" on select initiatives.

The strategy and plan specifies planned activities consistent with the hospital's 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

The following is a summary of the key programs and initiatives that have been a major focus of AGH's over the last year to address the identified and prioritized needs of the community. The key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Health Integration Network (CHIN), Executive Leadership, the Board of Directors, Community Board and Dignity Health receive quarterly reports regarding the success of the key initiatives and community benefit reports.

Below are the major initiatives and key community based programs operated or substantially supported by with Arizona General Hospital and St. Joseph's Hospital and Medical Center's Implementation Strategy for 2016-2018 working in collaboration with St. Joseph's Westgate and its Joint Ventures OASIS, Arizona Orthopedic and Surgical Hospital) will support the efforts and strategies listed in Health People 2020, CDC's 6/18 Initiative, CDC's National Prevention Strategy, Arizona Department of Health and Human Services Implementation Strategies, and Maricopa County Implementation Strategies. Arizona General Hospital will work closely with St. Joseph's Hospital and Medical Center to refer to programs identified below and also integrate these programs when possible. The community's needs will be met in a collaborative environment.

Healthy People 2020 Initiatives are well defined and supported in the current findings of the current 2016 CHNA. In order to create a comprehensive strategy, we categorized the needs according to the Healthy People 2020 and in support of the CDC's National Prevention Strategy and the 6/18 Initiative. Existing programs with evidence of success and impact are identified within these key strategy areas to meet the community needs identified in the CHNA. Through our work and collaboration with Maricopa County and the State of Arizona's Department of Health and Human Services, we participate in Maricopa County's HIPMC (http://www.arizonahealthmatters.org/index.php?module=Tiles&controller=index&action=display&id=34698899365112658) to improve the outcomes for programs that are research and evidence-based, provide outcome based, and sustainable interventions. CHIP objectives are collected on an ongoing basis by the Maricopa County Department of Public Health (MCDPH) from organizations participating in the Health Improvement Partnership of Maricopa County (HIPMC). We work closely with the

partners within HIPMC and also contribute through the hospital's programs to improve the community. We also collaborate with our community partners in the Arizona Communities of Care Network where we use the "collective impact and asset-based" strategies for program development and improvement.

Program measurements and outcomes are measured using SMART goals to address the immediate needs and provide a framework to address the preventive factors or social determinants of health. We do this in collaboration with our partnering service lines within the hospital, community partners, the county and State of Arizona.

We will continue to engage and utilize the Collective Impact Model and enhance the collaborations within the Arizona Communities of Care Network and further promote the work within Health Improvement Partnership of Maricopa County (HIPMC) (http://www.maricopa.gov/publichealth/Programs/OPI/workgroups/), Arizona Health Communities, and the Preventive Health Collaborative of Maricopa County.

Input from internal and external stakeholders resulted in the strategies and recommended programs below.

Initiative 1: Access to Health Care

Strategy Improve access to health care and social services to individuals who are uninsured/underinsured and low-income residents

Programs | Current and Planned

- ACTIVATE / Prime -- Provides transitional care services for Medicaid and uninsured patients.
- ACTIVATE Resource Room -- Provides assistance in navigating health and human services for individuals
- ACTIVATE/CATCH – Provides transitional care services for patients with complex health and social factors
- Ali Cares -- Provides free and reduced Parkinson's care
- Alzheimer Social Worker Navigator – Alzheimer's Association of Arizona provides individuals and their caregivers health and social supports for those diagnosed with Alzheimer's
- Cancer Navigator – American Cancer Society of Arizona provides individuals and their caregiver's health and social supports for those diagnosed with cancer.
- Department of Economic Security – on sight location for assistance with health, housing and food assistance
- Dignity Health Financial Assistance Program
- Frequent Users of Systems Engagement (FUSE) – Partners to provide navigation for chronically homeless individuals to receive housing, health and other social supports.
- Healthy Families – Southwest Human Development partnership to assist with navigation and home visiting for at risk families
- Human Service Campus (HSC) Collaborative –Program to address needs of homeless individuals in crisis and assist with connecting to health and social services.
- Keogh Health Connections -- Patient Financial Advisors; Arizona
- Maternal Outreach Mobile (MOMobile) -- Provides free/low-cost prenatal services
- Mohammed Ali Parkinson's Promotora (Navigator) – Navigation provided to individuals and their caregivers who have individuals diagnosed with Parkinson's disease
- Multiple Scoliosis Navigator – National Multiple Scoliosis provides navigation and support for individuals diagnosed with Multiple Scoliosis
- Muscular Dystrophy Navigator – Muscular Dystrophy Association provides navigation and support for individuals diagnosed with muscular dystrophy.
- Native Health Collaborative – Provides intensive case management to coordinate resources for housing, health,

food, employment and other social issues.

- Nurse Family Partnership – Southwest Human Development partnership to navigate at risk families and provide home visiting for first time moms
- Outreach to Frequent Flyers of ED Services – Provides a Homeless Health Navigator to assist in transition of homeless and nearly homeless in the Emergency Department
- Project Independence & Empowerment (P.I.E.) – Provides navigation and resources for individuals with compromised mobility issues.
- Refugee Health Partnership – Provides health and social resources to support Refugees.
- Smooth Way Home – Navigation and assistance for fragile babies and families leaving the Neuro- Intensive Care Unit (NICU)
- **Women's Wellness Clinic** – Provides free women's health checks

Initiative 2: Mental & Behavioral Health | Substance Abuse

Strategy Create awareness and educate community on prescription drug uses and misuse and provide access to Mental and Behavioral Health Services.

Programs | Current and Planned

- HOMeVP -- Provide support for homeless individuals suffering from chronic health conditions, general mental health and homelessness
- Maternal Mood Disorders Post-Partum Depression support -- Smooth Way Home program
- Mental Health First Aid -- A workshop that provides education to the lay person and/or professional about mental health issues.
- Native Collaboration - Provide support for the Native American Community in need of healthcare, mental and behavioral health services, housing and job placement.
- Southwest Behavioral Health Services – In home behavioral health services and navigation
- Teen Pregnancy & Parenting Program – Program to provide prenatal support and social, emotional support to pregnant teens and their partners

Initiative 3: Obesity (Diet related Illnesses)

Strategy Reduce obesity by providing support, navigation and prevention approaches

Programs | Current and Planned

- ACTIVATE -- Provides home visiting, disease management and navigation for chronic health conditions
- ACTIVATE Resource Room - Provides assistance with nutrition services
- Cancer Nutrition Classes
- Congestive Heart Failure Education and Prevention
- Feeding Matters -- Provides education and support for infant and children feeding issues
- Healthier Living – CDSMP / DSMP Stanford model
- Keogh Health Connection – Provides navigation and assistance with SNAP benefits
- Million Hearts Campaign – Providing education to the community to adopt healthier lifestyles, including healthy eating and exercise
- Mohammed Ali Parkinson's Promotors Program
- Native Collaboration -- Provides nutrition support
- Native American Community
- Parkinson's Wellness Classes
- Women Infant and Children (WIC) – Provides nutrition and breast feeding program including lactation support and breast pumps

Initiative 4: Chronic Health Conditions

Strategy Improve access to health assistance, education and prevention services to the broader community with Chronic Health Condition

Programs | Current and Planned

- ACTIVATE provides home visiting, disease management and navigation for chronic health conditions
- ACTIVATE Resource Room – assistance with nutrition services
- American Cancer Society – Patient Navigator
- American Lung Association – Better Breathers Club –
- Tobacco Cessation support groups
- Arizona Asthma Coalition – provides support and education regarding Asthma and COPD
- Colon Cancer Screening Program
- Community Education/Prevention for Cancer
- Diabetes Center at St. Joseph's Hospital Diabetes medical management, education, prevention and support
- Healthier Living – Chronic Disease Self-Management Program provides six 2.5 hour workshops to assist individuals with managing their chronic health conditions.
- Lung Cancer Screening - prevention cancer screening program
- Million Hearts Campaign –aims to prevent heart attacks and strokes
- Mohammed Ali Parkinson's Promotors Program -
- MOMobile (Maternal Outreach Mobile) provides free prenatal care and provides gestational diabetes support
- Norton Heart and Lung – provides support and care for those with heart and lung disorders including lung transplants
- AGH Transitional Care Clinic – provides health support, education, and navigation for chronic health conditions
- Stroke Prevention and Education
- Tobacco Cessation – promotion of tobacco cessation,
- AshLine and collaboration with the State Tobacco

Initiative 5: Injury and Trauma

Strategy Improve access to health assistance, education, advocacy and prevention services to the broader community to prevent injury and trauma

Programs | Current and Planned

- Helmet Your Head – head and spinal cord injury prevention program
- Think First Program – trauma prevention program
- Oliver Otter – Water Safety Program for children
- Days on the Lake – is a watersports program for individuals who were disabled.
- Driving to Excel - driving safety classes for new drivers
- CarFit - Senior Driving Classes
- Children Are Priceless Passengers (CAPP)
- Community Falls Prevention Fair
- Parkinson's Center Falls Clinic
- Barrow Fall Prevention
- Arizona Firearm Injury Prevention Coalition
- Boot Camp for New Dads monthly workshop for fathers-to-be
- SMARTR Program – violence and trauma prevention program

- ASBI Program
- Wake Up! Trauma Youth Program
- Prescription drug abuse and misuse:

Anticipated Impact

The anticipated impacts of specific, major 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 Health Integration Network, hospital executive leadership, Board of Directors, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Arizona General Hospital in collaboration with St. Joseph's Hospital and Medical Center has engaged the community, nonprofit organizations, businesses, local community members, and governmental agencies in the Arizona Communities of Care Network (ACCN). The ACCN is a demonstration in utilizing the "Collective Impact" model and putting it into action. The key intent is to foster collaborations borne of shared responsibility among various organizations and agencies to transform health in our community and to engage the hospital and community in meeting the needs of the poor disenfranchised and underserved. The following are the current Communities of Care who are collaborating with one another and the hospital in creating healthier communities. These collaborations are engaged throughout Maricopa County and within Arizona serving those individuals in most need.

ACTIVATE and ACTIVATE-Prime: This program collaboration is between St. Joseph's Hospital and Medical Center, Arizona General Hospital, Mercy Care Plan, and multiple community resources and partners. This program a model of transitional care has been designed to combine the proven techniques of RED protocols and software, best practices from the Coleman model and a number of innovative features, including an embedded Transitional Care Nurse managed by Foundation for Senior Living (Community Based Organization); an in-hospital beneficiary I caregiver resource center; a community-based Transitional Care Coach; and a 24x7 nurse call-in service. These additional resources and roles strengthen the significant improvements underway within the hospital processes; apply a more holistic model of beneficiary care, provide a strong array of community supports and promote beneficiary empowerment. These services are provided for the uninsured and underinsured populations.

HOMeVP – Health and Housing of Medically Vulnerable People: This is collaboration between St. Joseph's Hospital and Medical Center and the broader community of health and homeless providers to collaborate on complex issues related to individuals within our community who are homeless and nearly homeless and to provide them with education, prevention, healthcare and social services as well as housing them permanently. This group seeks to advocate for systems and sustainable change within Arizona.

Project Independence and Empowerment (PIE): This program is a collaboration between Dignity Health – Barrow Neurological Institute; Arizona Bridge to Independent Living (ABIL); Arizona Spinal

Cord Injury (AzSCIA) and the Brain Injury Alliance of Arizona (BIAAZ) The PIE partners will provide services to people with disabilities, and their families, that are transitioning from AGH rehabilitation continuum to the community. This population includes people with physical and cognitive disabilities, including spinal cord injury, brain injury, stroke, and those with chronic health conditions.

Native American Collaborative: This program is collaborative effort between the hospital, Native American Connections, Native Health, and Indian Health Center to meet the needs of displaced native individuals with healthcare, housing, job placement and behavioral health.

Refugee Health Partnership: This collaborative is made up of Catholic Charities Community Services, International Rescue Committee, and ASU School of Social Work. The program is designed to study and identify barriers that newly arrived refugees face in accessing health care and health insurance.

This community health implementation strategy specifies significant community health needs that the hospital plans 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 other community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community. These groups work collectively with the hospital and the community to create long-standing changes that lead to sustainable communities that address not only the health disparities and social determinants of healthy communities, but create equity for all.

Program Digests

The following pages include program digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

MOMobile | Maternity Outreach Mobile	
Significant Health Needs Addressed	☑ Access to Health Services ❑ Mental & Behavioral Health | Substance Abuse ❑ Obesity (Diet related Illnesses) ❑ Chronic Health Conditions ❑ Injury and Trauma Prevention
Program Emphasis	☑ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care ❑ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	Provide prenatal and postpartum care for low -income, uninsured pregnant women in Maricopa County who would otherwise not be able to obtain prenatal care. Mobile clinic (truck/trailer) travels to 4 different locations within Maricopa County weekly. Supported by SJH, and the OB/GYN Department of SJMG, funded through SJH Foundation which covers all operating costs, including staffing.
Community Benefit Category	Community Health Improvement Services | Community Based Clinical Services – Mobile Unit
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Decrease preterm and low birth weight infants in Maricopa County, increase number of mothers receiving adequate prenatal care. Decrease both infant and maternal mortality.
Measurable Objective(s) with Indicator(s)	Measurements include number patient visits, number of prenatal visits per patient receiving their prenatal care through MOMobile, average birth weight of infants, and outcomes of births
Intervention Actions for Achieving Goal	Provide services in areas where zip codes are indicating increased rates of premature birth, low birth weights, and higher infant mortality
Planned Collaboration	St John Vianney Church, First Southern Baptist Church, Golden Gate Community Center. Our patients also received collaborate services with First Things First, The Nurse Partnership, Southwest Human Development, March of Dimes, Mission of Mercy, and St Vincent de Paul

Mohammed Ali Parkinson's Center PROMOTORES	
Significant Health Needs Addressed	☑ Access to Health Services ❑ Mental & Behavioral Health | Substance Abuse ☑ Obesity (Diet related Illnesses) ❑ Chronic Health Conditions ❑ Injury and Trauma Prevention
Program Emphasis	☑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care

	☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	Trained and certified volunteers deliver in-home educational program to Hispanics who have barriers to healthcare information living with PD. The program comprises 13 weekly visits and educational material for the families. Families are followed for 6 more monthly visits. The entire program is delivered in Spanish.
Community Benefit Category	Community Health Improvement Services | Community Health Education
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Provide in home education to Hispanics living with Parkinson Disease and their families who experience barriers to heath education. The education will help people with chronic disease self-management and connect to MAPC programs for continued outreach support.
Measurable Objective(s) with Indicator(s)	Provide in home education to 10 families for 12 weeks and 6 monthly f/u visits. The trained Promotores will provide training to other community healthcare workers in the community (outside of the MAPC).
Intervention Actions for Achieving Goal	Promotores volunteers to attend annual national Promotores program and to provide training to other Promotores outside the organization (i.e.: Promotores HOPE Network and the Creciendo Unidos promotores group.
Planned Collaboration	Promotores HOPE Network (AZ), Creciendos Unidos/Growing Together (AZ)

Mental Health First Aid	
Significant Health Needs Addressed	❑ Access to Health Services ☑ Mental & Behavioral Health | Substance Abuse ❑ Obesity (Diet related Illnesses) ❑ Chronic Health Conditions ❑ Injury and Trauma Prevention
Program Emphasis	❑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ❑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness.
Community Benefit Category	Community Building | Leadership Development and Leadership Training
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Train more first aiders – *National Council for Behavioral Health priority, Be 1 in a million movement.*
Measurable Objective(s) with Indicator(s)	Provide venue to Mercy Care Plan two-times per year to hold Mental Health First Aid Training
Intervention Actions for Achieving Goal	Increase awareness of program, Provide information on upcoming classes, Connect with partner hospitals to encourage space lending
Planned Collaboration	Mercy Care Plan

Rx 360	
Significant Health Needs Addressed	❑ Access to Health Services ☑ Mental & Behavioral Health | Substance Abuse ❑ Obesity (Diet related Illnesses) ❑ Chronic Health Conditions ☑ Injury and Trauma Prevention
Program Emphasis	❑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ❑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	RX360 is a Prescription Drug Abuse Reduction Program of research-based, multimedia community education presentations. The presentations are designed to mobilize communities and empower and educate parents and teens about the dangers of drugs and alcohol in today's ever-changing substance abuse landscape.
Community Benefit Category	Community Health Improvement Services | Community Health Education
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Develop materials and implement process to address prescription drug use among adults.
Measurable Objective(s) with Indicator(s)	Implement nursing project to improve patient education regarding opioids prescribed to trauma patients discharged home from the hospital – Became Nursing Project for Magnet Status.
Intervention Actions for Achieving Goal	Expand to include study of prescribing practices for inpatient trauma patients, Review education for patients, and Implement training.
Planned Collaboration	Maricopa County Department of Public Health

Diabetes Self-Management Program (DSMP)	
Significant Health Needs Addressed	❑ Access to Health Services ❑ Mental & Behavioral Health | Substance Abuse ❑ Obesity (Diet related Illnesses) ☑ Chronic Health Conditions ❑ Injury and Trauma Prevention
Program Emphasis	❑ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ❑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	The Diabetes Self-Management Program (DSMP) is a community course for people with Type 2 Diabetes. Small group courses are 6 weeks long, meeting once a week for 2 hours 30 minutes. The sessions are highly interactive, focusing on building skills, sharing experiences and support. The course teaches the life skills needed in the day-to-day management of diabetes.
Community Benefit Category	Community Health Improvement Services | Community Health Education
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Expand the infrastructure to increase attention to outcomes reporting, market and support quarterly evidence-based DSMP to assist in the reduction of

	readmissions and unnecessary ED visits.
Measurable Objective(s) with Indicator(s)	Host DSMP workshop quarterly
Intervention Actions for Achieving Goal	Increase community and hospital-based referrals
Planned Collaboration	Arizona Living Well Institute

Chronic Health – Stroke Prevention	
Significant Health Needs Addressed	☑ Access to Health Services ❑ Mental & Behavioral Health | Substance Abuse ☑ Obesity (Diet related Illnesses) ☑ Chronic Health Conditions ❑ Injury and Trauma Prevention
Program Emphasis	☑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	Health promotion and stroke prevention education for seniors, community and employees that identify cardiovascular risk factors, increase the number of individuals who recognize signs and symptoms of stroke, and increase the number of individuals being referred to appropriate professionals to receive medical care and education needs.
Community Benefit Category	Community Health Improvement Services | Community Health Education
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Reduce the incidence of strokes through greater outreach and educational efforts. Increased by 10% stroke outreach, presentations and community blood pressure checks.
Measurable Objective(s) with Indicator(s)	Identify 2 underserved populations at risk for stroke for intervention.
Intervention Actions for Achieving Goal	Identify 2 underserved populations at risk for stroke for intervention.
Planned Collaboration	American/Arizona Heart/Stroke Associations, public, hospital staff, senior residential site coordinators.

Helmet Your Head	
Significant Health Needs Addressed	❑ Access to Health Services ❑ Mental & Behavioral Health | Substance Abuse ❑ Obesity (Diet related Illnesses) ❑ Chronic Health Conditions ☑ Injury and Trauma Prevention
Program Emphasis	☑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	Helmet Your Head is a safety program developed by Barrow Neurological

	Institute that focuses on the prevention of head and traumatic brain injuries and promotes the establishment of safe behaviors and helmet usage during recreational activities. This program trains, fits and provides helmets to prevent traumatic brain injury primarily to the vulnerable populations.
Community Benefit Category	Community Health Improvement Services | Community Health Education
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Increase by 10% number of training and helmets distributed.
Measurable Objective(s) with Indicator(s)	Provide two trainings on proper fitting of helmets in FY15. Increase by 10% helmets for clinical practices, in & outpatient service lines, partners and in vulnerable communities.
Intervention Actions for Achieving Goal	Describe the principal program/initiative activities undertaken in FY 2015. 1. Identify 2 sites that are geographic distributed areas for targeted interventions 2. Identify and training partners in each of these sites on how to fit helmets correctly 3. Secure funding for helmet purchases
Planned Collaboration	City, state and community private and public safety professions and community members. Limited funding remains from a US Airway grant to provide training, fitting and distribution of helmets for vulnerable populations.

Dignity Health Community Grants Program	
Significant Health Needs Addressed	☑ Access to Health Services ☑ Mental & Behavioral Health | Substance Abuse ☑ Obesity (Diet related Illnesses) ☑ Chronic Health Conditions ☑ Injury and Trauma Prevention
Program Emphasis	☑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	Each year the hospital allocates a percentage (0.05) of the previous year's expenses to support the efforts of other nonprofit 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	Cash & In-kind Donations | Grants
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	1. To award funds to nonprofit organizations whose proposals align with the priorities identified in the CHNA and/or the 2016-2018 Implementation Strategies. 2. Fund proposals that best represent the five community benefit core principles. 3. Increase membership of community based partnerships by at least one 4. Monitor funded initiatives through quarterly reports.
Measurable Objective(s)	100% of agencies awarded a community grant will address an identified health

with Indicator(s)	need as started in the CHNA, initiative, and Implementation Strategies.
Intervention Actions for Achieving Goal	1. Use Request for Proposal process to fund Communities of Care that address identified needs. 2. Recruit community leaders to participate in the Community Grants Program 3. Monitor and support funded agencies through reporting and connection to needed resources.
Planned Collaboration	Through the grant awards, Dignity Health has the opportunity to collaborate with each Community of Care and the associated partners.

Colon Cancer Screening Program	
Significant Health Needs Addressed	☑ Access to Health Services ❑ Mental & Behavioral Health | Substance Abuse ❑ Obesity (Diet related Illnesses) ☑ Chronic Health Conditions ❑ Injury and Trauma Prevention
Program Emphasis	☑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	The University of Arizona Cancer Center (UACC) at AGH will offer a colon cancer screening program in collaboration with DHMG to increase access to care for the underinsured/uninsured. Patients identified as at risk by the medical group may refer to UACC to complete a colonoscopy screening. This will contribute to the continuum of care, demonstrate collaboration among AGH providers, and contribute to early detection. UACC will commit to providing staff and the space to complete the screening. Funding will be required to cover patients that are uninsured/underinsured.
Community Benefit Category	Community Health Improvement Services | Community Based Clinical Services
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	The goal is to address the needs of patients in the Dignity Health Network who would benefit from a colonoscopy screening. This addresses the community need, in which colorectal cancer is a leading cause of cancer death, yet it is one of the most preventable. Additionally, this would contribute to the National Colorectal Cancer Roundtable Initiative to screen 80% of adults 50+ regularly by 2018.
Measurable Objective(s) with Indicator(s)	We will quantify how many patients were referred, # of patients screened, and how many screenings required follow-up as a result of positive pathology to determine the overall impact
Intervention Actions for Achieving Goal	The principle program is a comprehensive colonoscopy program which will entail collaboration between DHMG providers and colonoscopy screenings offered at the UACC at AGH facility.
Planned Collaboration	Planned collaboration between DHMG *patient need identification* and UACC. *complete screenings.*

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

2016-2017 COMMUNITY BOARD MEMBERS – ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER AND ST. JOSEPH'S WESTGATE MEDICAL CENTER

- **Aking, MD**, Rodd, Family Medicine Physician, Trinity Adult Medicine
- **Bayless, Justin,** CEO of Bayless Healthcare Group
- **Collum, MD**, **Earle "Smitty"** (ex-officio member), Chief of Medical Staff, Medical Director of Department of Pathology St. Joseph's Hospital and Medical Center
- **Davis, J.D. Helen** (ex-officio representative from East Valley Hospitals Community Board) Family law attorney; The Cavanagh Law Firm, P.A.
- **Dohoney, Milton,** Assistant City Manager, City of Phoenix
- **Dolan, R.S.M. Sister Sherry**, Sister of Mercy
- **Egbo, M.D. Obinna**, Physician President/CEO of Zion Medical Group, PPLC
- **Garewal, Jr. Harry** (Board Chair), Healthcare and business consultant; CEO of Trin and Associates, LLC
- **Gentry, Patti** (Board Vice Chair) Commercial real estate broker, Arizona Commercial Advisors
- **Heredia, Carmen,** Chief of Arizona Operations, Valle del Sol (non-profit organization)
- **Horn, Rick,** Independent financial and retail advisor
- **Hughes, R.S.M., Sister Phyllis**, Sister of Mercy, healthcare consultant
- **Hunt, Linda** (ex-officio member), President/CEO, Dignity Health in Arizona
- **Hutchison, Tami**, Vice President, Strategy & Business Development St. Joseph's Hospital and Medical Center
- **Kearney, RSM, Sister Kathleen, Psy.D.,** Sister of Mercy, clinical psychiatrist
- **Jackson, Jeff**, Chief Financial Officer, Dignity Health St. Joseph's Hospital and Medical Center
- **Little, M.D. Andrew**, Co-Director, Barrow Interdisciplinary Skull Base Program: Co-Director, Barrow Pituitary Center, Barrow Neurosurgical Associates
- **Million, Jean-Pierre, "J.P."** Director, CVS Caremark (bioscience and pharmaceuticals)
- **Schembs, Jim,** Retired corporate CEO
- **Silva, Margarita,** Immigration attorney; M.Silva Law Firm, PC
- **Simkin, Gayle,** Infection Control Preventionist, Kindred Hospital
- **Spelleri, Maria,** Executive Vice President and General Counsel, Chicanos Por La Causa, Inc.
- **Stoup, David,** Co-Chairman/CEO, Healthy Lifestyle Brands (healthcare products and services)
- **Tierney, David**, (Chair – Community Health Integration Network – CHIN) Construction law attorney; Sacks, Tierney, P.A.
- **White, Patty,** (ex-officio member) President/CEO, St. Joseph's Hospital and Medical Center
- **Yazzie-Devine, Diana,** President/CEO, Native American Connections (non-profit organization)

2016-2017 COMMUNITY HEALTH INTEGRATION NETWORK (CHIN) MEMBERS – ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER AND ST. JOSEPH'S WESTGATE MEDICAL CENTER

- **Alonzo, Anna,** Office Chief Chronic Disease Prevention Programs Arizona Department of Health Services/Bureau of Tobacco and Chronic Disease
- **Battis, Eric**, Chief Operations Officer Adelante Healthcare
- **Bauer, John**, Director of Finance at St. Joseph's Hospital and Medical Center
- **Bayless, Justin,** Chief Executive Officer, Bayless Healthcare Group
- **Bethancourt, Bruce,** Chief Medical Officer, St Joseph's Hospital Medical Center
- **Brewer, DeeAnn**, Grants Manager Esperanca
- **Brown, Gail,** Nurse Practitioner St. Joseph's Hospital and Medical Center
- **Brucato-Day, Tina,** Hospital Administrator at St. Joseph's Westgate Hospital
- **Crittenden, Sonora,** Community Benefit Coordinator, St. Joseph's Hospital and Medical Center
- **Dal Pra, Marilee**, VP of Programs at Virginia G. Piper Charitable Trust
- **Flaherty, Charlene**, Director of Southwest-Arizona/Nevada Cooperation for Supportive Housing
- **Garganta, Marisue**, Director of Community Health Integration & Community Benefit at St. Joseph's Hospital and Medical Center
- **Goslar, PhD., Pamela,** Injury Epidemiologist, St. Joseph's Hospital and Medical Center
- **Gunther, Shirley,** VP for External Affairs, Dignity Health Arizona
- ***Heredia, Carmen**, Chief of Arizona Operations - Valle Del Sol
- **Hesse, Maria**, Vice Provost for Academic Partnerships – ASU
- **Hoffman, Terri ,** Vice President of Development for St. Joseph's Foundations
- **Honeycutt, Robert,** President & Chief Executive Officer, Arizona General Hospital
- **Jewett, Matt**, Grants Manager at Mountain Park Health Center
- **Kamenca, Andrea,** Senior Manager, Telehealth Program Operations
- **Lopez, Denise,** Community Health Needs Assessment Coordinator, Maricopa County Department of Public Health
- **Lundeen, Christine,** Chief Innovation Officer – Mercy Maricopa, Mercy Maricopa Behavioral Health
- **Mascaro, CarrieLynn,** Sr. Director of Programs – Catholic Charities
- ***Mason-Motz, Cassandra**, Retired
- **McBride, Sr. Margaret**, VP Organizational Outreach at St. Joseph's Hospital & Medical Center
- **McHorney, Michael, Chief Financial Officer** Oasis Hospital
- **Mezey, Mary**, Manager, Office of Community Empowerment at Maricopa County Dept. of Public Health
- **Mitros, Melanie**, Director, Strategic Community Partnerships at St. Luke's Health Initiatives (SLHI)
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- **Plese, Tara,** Chief External Affairs Office, Arizona Alliance for Community Health Centers
- **Ranus, Lucy**, Program Manager - Barrow Prevention & Outreach – Barrow Neurological Institute
- **Robinson, Kristina,** Community Benefit Specialist, St. Joseph's Hospital and Medical Center

- ***Simkin, Gail** Kindred Hospital
- **Smith, Carrie**, Chief Operating Officer Foundation for Senior Living (FSL)
- **Stack, Susan** Director of Transformational Care, St. Joseph's Hospital and Medical Center
- **Stutz, Linda,** Vice President Care Management at Dignity Health
- ***Tierney David,** Trial Lawyer Sacks Tierney P.A.
- **VanMaanen, Pat**, Health Consultant at PV Health Solutions

**Indicates St. Joseph's Hospital Community Board Member and/or chair of CHIN*

APPENDIX B: 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.

St. Joseph's Hospital and Medical Center, has three pillars: patient care, medical education and research. Physicians and researchers at St. Joseph's are dedicated to investigating and discovering new and powerful therapies with one ultimate goal - to enhance patient care. With both basic research laboratories as well as hundreds of clinical trials, patients have access to state-of-the-art treatments.

Medical education at St. Joseph's includes both educations for medical students through our partnership with Creighton University School of Medicine as well as post-medical school training through residency and fellowship programs. Medical education at St. Joseph's includes both education for medical students through our partnership with Creighton University School of Medicine as well as post-medical school training through residency and fellowship programs, with a specific emphasis on recruiting individuals who are culturally and linguistically diverse to serve the communities reflected within the community. The faculty is training future physicians, today.

The needs of the community exceed the traditional definition of "health" with on ongoing emphasis of the broader definition which includes the social determinants of health such as housing, utilities, food, violence and transportation. AGH continues to address these issues while working with nontraditional partners to build the communities capacity and eliminate the disparities found within those in need. AGH convenes those who are interested in these opportunities for change and creates an infrastructure for thoughtful systems change to occur, i.e. housing expansion, land reuse, protection of environment, transportation enhancements, etc.

Community-Building Activities

Arizona General Hospital in collaboration with St. Joseph's Hospital and Medical Center engages in many community-building activities to improve the community's health and safety by addressing the root causes of health problems such as poverty, homelessness and environmental hazards. The Arizona Communities of Care Network provides the structure and engagement needed to bring the community together to work on complex issues facing our community. HOMeVP (Health and Housing of Medically Vulnerable People) works to reduce and eliminate health and housing disparities and collaborates with more than 30 agencies, state and county. We work closely with Project Cure to provide unused medical supplies and equipment to improve the health of third world countries. The following are organizations we work with to strengthen the community's capacity to promote the health and well-being of its residents by offering the expertise and resources of health care organizations. See Appendix D for a list of such activities.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Summary Of Financial Assistance Programs

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured 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

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APPENDIX D: COMMUNITY-BUILDING ACTIVITIES

The following are organizations we work with on the Community-Building Activities in which Dignity Health provides expertise and resources to promote health and well-being in the community.

- Ability 360
- Alzheimer's Association Desert Southwest Chapter
- American Cancer Society
- American Heart Association
- American Lung Association in Arizona
- American Stroke Association
- Angelita's Amigos
- Anti-Defamation League
- Arizona Asthma Coalition
- Arizona Agency on Aging
- Arizona Behavioral Health Association
- (ABC Housing)
- Arizona Chamber of Commerce
- Arizona Chapter of the National Multiple Sclerosis Society
- Arizona Children's Association
- Arizona Community Foundation
- Arizona Dental Association
- Arizona Department of Education
- Arizona Department of Health Services
- Arizona Department of Oral Health
- Arizona Diamondbacks Charities
- Arizona Early Intervention Program
- Arizona Firearm Safety Coalition
- Arizona First Things First
- Arizona Kidney Foundation
- Arizona Living Well Institute
- Arizona State University
- Arizona Think First Project
- Asian Pacific Community in Action
- Assisted Living Arizona Senior Housing Institute
- Association for Supportive Child Care
- Autism Speaks
- B.R.A.I.N.S Clinic
- BHHS Legacy Foundation
- Black Nurses Association
- Boys and Girls Club of Phoenix
- Brighter Way Foundation
- Cardio Renal Society of America
- Injury Free Collation for Kids
- Catholic Charities Services
- Cancer Support Network
- Center for African American Health Arizona
- Center for Health Information & Research
- Central Arizona Shelter Services (CASS)
- Chicanos Por la Causa
- ChildHelp USA
- Children's Action Alliance
- Children's Museum of Phoenix
- Circle of the City – Homeless Respite
- City of Glendale
- City of Phoenix
- Cooperation for Supportive Housing (CSH)
- Community Bridges Inc.
- Delta Dental of Arizona Foundation
- Duet: Partners in Health & Aging
- Esperanca
- Feeding Matters
- Fight Night Foundation
- Florence Crittenton Services of Arizona, Inc.
- FSL- Foundation for Senior Living
- Fresh Start Women's Foundation and Center
- Girls Ranch
- Golden Gate Community Center
- Gompers Rehabilitation Center
- Glendale Fire and Police Department
- Greater Valley Area Health Education
- Center (GVAHEC)
- HARP Foundation
- Health Services Advisory Group (HSAG)
- Healthy Communities
- Healthy Lifestars
- Homeward Bound
- Hospice of the Valley
- Human Services Campus
- Society of St. Vincent de Paul
- Sojourner Center
- Southwest Autism Research and Resource
- Center (SARRC)
- Southwest Center for HIV/ Southwest
- Human Development
- Special Olympics of Arizona

International Rescue Committee (IRC) Jewish Family and Children's Services Juvenile Diabetes Research Foundation (JDRF) Keogh Health Connections Kids Sports Stars Lodestar Day Resource Center Maggie's Place Make-a-Wish Foundation March of Dimes Maricopa Association of Governments Maricopa County Healthcare for the Homeless Maricopa County Public Health and Human Services Mentor Kids USA Mercy Housing Southwest Mid-Western University Mission of Mercy Mountain Park Health Center Muscular Dystrophy Association NAMI of Southern Arizona National Kidney Foundation of Arizona National Safety Council, Arizona Chapter Native American Connections Native American Community Health Center, Inc. Not My Kid Parkinson's Association Parson's Family Health Center Phoenix Day Center/Health Links Phoenix Fire Department Phoenix Indian Health Center Phoenix Police Department Phoenix Rescue Mission Phoenix Sympathy Project C.U.R.E Raising Special Kids Re-Invent Phoenix Rural Metro Ryan's House Safe Kids Save the Family	STARS (Scottsdale Training & Rehabilitation Services) Students Supporting Brain Tumor Research Susan G. Koman Breast Cancer Foundation Tiger Mountain Community Gardens The American Indian Prevention Coalition Touchstone Behavioral Health Center Tumbleweed Center for Youth Development UMOM New Day Center United Way – Valley of the Sun University of Arizona Valle Del Sol Valley Center of the Deaf Virginia G. Piper Charitable Trust Vitalyst Health Foundation Wesley Community Health Center Women's Health Coalition of Arizona YMCA YWCA

Ecology Efforts

St. Joseph's Hospital and Medical Center (AGH) also conducted efforts to ensure environmental improvement through the Ecology or "Go Green" initiatives implemented throughout our facility. We identified our waste stream to consist of the following in fiscal year 2016 (FY16):

Type of Waste	Percent of Waste
Municipal Solid Waste (MSW)	74%
Recycling	19%
Regulated Medical Waste (RMW)	6%
Pharmaceutical Waste	<1%

The Practice Green Health industry benchmarks established a goal of 60% municipal solid waste and 10% regulated medical waste. AGH is exceeding the industry benchmark for regulated medical waste, and our recycling efforts have continued to reduce the amount of material being land-filled as municipal solid waste. We continue to expand our recycling program and educate our staff about the types of materials that can be diverted from the landfill.

Our increased recycling rate for FY16 (19%) as compared to FY15 (15%) is an improvement; however, we recognize there are additional opportunities for education and improvement. This calculated recycling rate only represents the data provided from our recycling vendors, and does not include all recycling and "Go Green" activities conducted by the various departments as described below.

- Energy efficient lighting retrofits in several departments;
- Use of Grainger "KeepStock" inventory management system to better track the amounts of supplies ordered throughout the hospital;
- Incorporated green practices in various remodel projects, including reuse of existing materials when possible, and recycling of generated construction materials and metals;
- Maintained 1,200 sq. ft. or artificial turf in place of grass;
- Recycling of kitchen grease and oils; and
- Reduced use of bottled water and purchase of some locally grown produce.

The "Go Green" team at AGH remains committed to sustainability efforts at our campus. Examples of materials that are recycled at AGH include: cardboard, HIPAA confidential documents, plastics, metals, oil, and universal waste (mercury, batteries, light ballasts, etc.). We also participate in food donations on a month.

Appendix E –References

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