Community Health Needs Assessment & Implementation Strategy

The Community Health Needs Assessment (CHNA) for Chandler Regional Medical Center (CRMC) Service area is the result of collaboration between CRMC and the Arizona State University Center for Health Information and Research (CHIR). Findings completed during fiscal year 2012 using the data from calendar years 2009-2012 include areas of priority for CRMC primary Service areas with an approximate population of 853,712. Chandler Regional Medical Center serves the City of Chandler and surrounding areas within Maricopa and Pinal Counties.
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2012 Chandler Regional Medical Center Community Health Needs Assessment Summary: An assessment of Chandler Regional Medical Center conducted jointly by Chandler Regional Medical Center and the Center for Health Information & Research (CHiR) is a multidisciplinary research team at Arizona State University.

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Chandler Regional Medical Center (CRMC) is a member of Dignity Health, formerly Catholic Healthcare West (CHW). CRMC is a 243-bed, not-for-profit, acute care hospital featuring all private rooms, a highly trained staff of nurses, technicians and other professionals providing innovative and exceptional health care to the East Valley of Arizona. With 2,000 employees and over 900 physicians, CRMC has representation of all major specialties, optimizing care available to the community.

Chandler Regional Medical Center has been in existence since 1961 and has undergone a location change, major expansions, and extensive service growth to meet the growing demands of the community. Major hospital services include cardiovascular, emergency care, maternal child health services, wound care, diabetes treatment and management, and diagnostic services. Additional services include urgent care and outpatient services.

For Dignity Health, caring for the community means extending services beyond the hospital setting and into the community. Services are provided to the broader community with particular attention to the needs of the underserved. This report summarizes the plans for Chandler Regional Medical Center to sustain and develop community benefit programs that address prioritized needs from the 2012 Community Needs Assessment (CHNA).

The Community Health Needs Assessment (CHNA) for Chandler Regional Medical Center (CRMC) service area is the result of collaboration between CRMC and the Arizona State University Center for Health Information and Research (CHIR). Findings completed during fiscal year 2012 using data from calendar years 2009-2012 include areas of priority for CRMC primary service areas with an approximate population of 853,712. Chandler Regional Medical Center serves the City of Chandler and surrounding areas within Maricopa and Pinal Counties.

The CHNA can be accessed at [http://www.chandlerregional.org](http://www.chandlerregional.org)

**Description of Community Served by the Hospital**

The Chandler community while largely diverse and educated, also includes areas with high rates of poverty, a large non-English speaking population, and migrant/seasonal workers, many of whom experience barriers to access. A large majority of this population is indigent with their primary source of income through day labor and seasonal work. Chandler Regional Medical Center uses a Community Need Index to identify specific areas within the service area (by zip code) with social economic barriers. Each zip code within the service area is given a score based on five socioeconomic indicators that include income, language, education, insurance, and housing. According to the Community Needs Index, Chandler has both moderate and high-risk areas with a mean score in the moderate range of 2.8. Zip codes 85204, 85201, 85225, and 85224 have significant socio-economic barriers, some of which are designated as a Federal Medically Underserved Areas (FMUA) and Medically Underserved Populations (MUP).

According to research findings, individuals lacking health insurance, whether chronically uninsured or experiencing gaps in insurance, avoid seeking care for conditions until the condition worsens to an unmanageable state. For chronic conditions such as diabetes, asthma, or mental health, adults often skip medications or avoid filling prescriptions and subsequently visit the ED or are admitted to the hospital. Uninsured individuals are less likely to receive preventive care and more likely to receive duplicate tests. Financial Assistance (charity care) increased from $1,042,400 in FY2011 to $2,939,058
in FY 2012. Strategies need to continue with a proactive focus on chronic disease management, increased access to education and services, and continuum of care components that will improve quality of life and decrease the need for extensive healthcare utilization.

**Demographics**
According to the 2012 Nielsen Company statistics, Chandler Regional Medical Center PSA has a population of 853,712, with an anticipated increase of 3.9% by 2017. The growing population includes people of many ethnicities, income, and education levels. *See Appendix A and A1 Primary and Secondary Service Area Maps and service area zip codes

**Who Was Involved in the Assessment**
The Community Health Needs Assessment (CHNA) for Chandler Regional Medical Center service area is the result of collaboration between CRMC and the Arizona State University Center for Health Information and Research (CHIR). In addition, Chandler Regional Medical Center’s Executive Leadership Team, Senior Leadership Team, Director of Community Integration, and Community Board were involved in the planning and/or review of the assessment.

*See Appendix B3 Board Committee and Leadership Rosters and key stakeholders

**How the Assessment Was Conducted**
Dignity Health leadership and key stakeholders determined relevant indicators and assisted in the identification of data sources to be used. The Center for Health Information and Research, with its Arizona Health Query data system created by the voluntary participation of health transaction and/or demographic information on more than four million persons. The AZHQ data used for this report include primary quantitative data submitted by CRMC as well as all Arizona Medical data submitted by the Arizona Health Care Cost Containment System (AHCCCS).

CRMC contracted with the Center for Health Information and Research (CHIR), a division of the L. William Seidman Research Institute at Arizona State University, to assist in the development and completion of a CHNA. CHIR’s objective is to update CRMC’s community profile and extend the analysis to include more specific information that will aid CRMC in the evaluation and design of its community interventions. The guiding principles established by Dignity Health for Community Health Needs Assessment were utilized to establish the geographic areas and research. Specifically, broad arrays of relevant factors in the social and economic environments as well as traditional medical/physical indicators of community health of the Chandler Regional Medical Center service areas were analyzed.

Multiple data sources were included in the analysis. These data sources utilize different methods of data collection and help ensure that the perspectives of residents, community-based providers, and non-health sectors are included. A combination of qualitative information (e.g. survey results) and quantitative information (e.g. AZHG administrative health data) was included to provide the best picture of the community’s health. Secondary data were obtained from the Community Need Index (CNI), the U.S. Census Bureau, the Arizona Disease Control and Preventions (CDC), and Behavioral Risk Factor surveillance System (BRFSS).

*See Appendix C Heath Data – Methods Used
**Analysis and Health Needs Identified from the CHNA**

**Infant Mortality**
Rates of infant mortality for all minority groups except Asian/Pacific Islanders were higher than white populations in Chandler PSA. The Chandler infant mortality rate was consistent with results for Maricopa County and the state of Arizona. African Americans had the highest rates of infant mortality (p. 47).

**Children Emergency Room Visits and Mortality Rates**
The most frequent diagnoses for Emergency room visits of children at CRMC were related to injuries and poisonings. In addition, Arizona, recorded over 900 deaths among children ages 0-17 in 2009. Deaths were from sudden infant death syndrome, motor vehicle accidents, and drowning. There were 122 home safety related deaths of which 55% were infants, 47% were children under the age of 4, and 32% were between 1 and 4 years old (p. 79-80).

**Adolescent Pregnancy and Risk Behaviors**
Chandler has a slightly higher proportion of births to unwed mothers than the PSA (p. 41). A large number of unwed mothers are under the age of 20. The need remains high for education, resources and strategies to prevent adolescent pregnancy, including secondary pregnancy.

Adolescents in Arizona were more likely to engage in risk behaviors involving weapons, injuries, sexual behaviors, alcohol, drugs, and violence. Of the 9 risk behaviors listed by the Center for Disease Control and Prevention (2009), Arizona was higher than the rest of the United States in nearly all categories. Risk factors include attempted suicide, carrying a weapon to school, and physically hurt on purpose by boyfriend or girlfriend. Death among adolescents age 15-19 were related to suicide (20%), motor vehicle accidents (24%), homicide (27%), and firearms, drugs, and alcohol (58%) (p. 88).

**Adult and Senior Population**

**Injuries:** CRMC Non-Fatal injuries (nearly 64% adult) for which 90% were non-intentional were related to falls, struck by, against, motor vehicle traffic, and overexertion. The top reason was falls, with 2,803 (p. 66).

**Mental Health:** Of the adults visiting the emergency room or admitted with mental health disorders, the majority was under the age of 55 and related to psychoactive substance (33%) and neurotic disorder (28%). In addition, results indicate considerable alcohol and drug use among the working age population (p. 93).

**Chronic Disease**

**Diabetes:** The number of CRMC hospital visits for diabetes increased with age and were mostly the Result of adult-onset diabetes. Age categories with the highest admission rates were groups over the ages of 34. Those over the age of 65 were most frequently admitted for diabetes (p. 97).

**Asthma:** The age group with the highest percentage of admissions for asthma was the 25-34 age group (20%), ages 35-44 (13.8%), and 45-54 (12.9%). Total visit at CRMC in 2010 were 1,364 (p.100).

**High Blood Pressure:** Nearly 1.3 million people in Arizona were diagnosed with high blood pressure in 2009. At CRMC, 46.6% of admissions for high blood pressure were for people over the age of 65. Total visits in 2010 were 4,668 (p. 104).
Stroke/Transient Ischemic Attack: As with high blood pressure, the age group most frequently admitted for stroke was the senior population over the age of 65. Total stroke/TIA visits at CRMC in 2010 were 448 (p. 105).

Chest Pain: Chest pain was one of the most common reasons for emergency room visits. Those most affected by chest pain were the working population ages 25-54. This group represented 57.5% of visits to CRMC for chest pain. To visits to CRMC for chest pain in 2010 were 2,713 (p. 107).

Congestive Heart Failure: At CRMC there were 1,436 visits for congestive heart failure. As with the county and state, the senior population over the age of 55 was more frequently admitted than any other age category (p.108).

Cancer
Mammogram/Cervical Cancer screening: Although Phoenix and Maricopa Arizona exceeded the Healthy People 2010 goal for women over the age of 40 to receive regular mammograms within two years, Phoenix and Maricopa, Arizona have not met the Health People 2020 goal of 81%. In addition, women on AHCCCS are less likely to comply with recommended cancer screenings (p. 111). Phoenix, Maricopa, and Arizona are not meeting the Healthy People 2020 goal for a cervical screening every three years with an 81.9-83.3 rate. Women on AHCCCS had a rate of less than 23% (p. 112).

Colorectal Cancer: Colorectal cancer is the second most deadly cancer in the U. S. Yet, screening remains below the recommendations locally and through the state of Arizona. Although screenings were more likely via Sigmoidoscopy, the rate was only between 61 and 65%. Rates for AHCCCS patients were significantly lower at 31.2% compliance (p. 114).

Prostate Cancer: Similar to mammogram, cervical, and colorectal screenings, rates for compliance with prostate cancer screenings (antigen testing) was less than the recommendation for both the insured and AHCCCS Population (p.115,116).

Refer to CRMC Community Needs Assessment for Incidence rates.

Cancer Rates
Maricopa County, Arizona has a higher incidence rate of cancer than Arizona. IN 2008, the rates of all cancers in Maricopa County were 404.7 compared to 384.3 in the state of Arizona (p. 115).

Refer to CRMC Community Needs Assessment for Cancer Incidence rates

Community Assets Identified
Chandler Regional Medical Center has recently started the process of asset assessment through asset mapping of key partners and community-based services and development of a community resource list to be updated quarterly. The resource list is provided to internal and external stakeholders. Over the next fiscal year, a formal Community-Based Health Needs Assessment will result in a more comprehensive community needs and asset assessment.

Within the service area, government and community based clinics exist that offer free or low cost medical care, some of which include Mission of Mercy, Hope Community, Chandler Care Center, and Chandler Christian Community Center. Organizations such as About Care and Neighbors who Care provide transportation and home visits to the elderly. Four Food banks are dispersed throughout the service area, and refuge housing exists for the homeless. In addition, other hospital systems within our
Primary Service Area (PSA) include Casa Grande Medical Center, Tempe St. Luke’s, and other hospital systems within our Secondary Service Area include: Chandler Regional Medical Center, Mercy Gilbert Medical Center, Banner Desert, Banner Gateway, Banner Baywood, Banner Heart, Banner Ironwood, Mountain Vista Medical Center, Casa Grande Medical Center, Gilbert Hospital, Florence at Anthem Hospital, and Tempe St. Luke’s.

Health Priorities
Chandler Regional Medical Center has identified the following health needs as priorities for FY2013-2015.

1. Chronic Disease (Diabetes, heart disease, asthma, congestive heart failure)
   - Disease Management
   - Reduction in admission
   - Reduction in readmission
2. Access to medical primary and secondary prevention, health education, intervention, and treatment
3. Oral Health
4. Mental Health
5. Obesity
6. Transitional Care: Hospital to home
7. Continuum of Care

Chandler Regional Medical Center Implementation Strategy FY13-15
Developing the Hospital’s Implementation Strategy

- The community benefit planning process begins with the review of the community needs assessment. Feedback, recommendations, and concerns are obtained from:
  - Vice President of Mission Integration, Director of Community Integration and other managers.
  - Dignity Health East Valley Executive leadership team.
  - Chandler Regional Medical Center Community Grants Committee comprised of administrators, system leadership, and community leaders.
  - Chandler Regional Medical Center Community Board Members, who also represent the community.

- In addition to CRMC Medical Center stakeholders, needs as identified by community constituencies, community partner organizations, and community leaders are taken into consideration. The following criteria are used to prioritize the many community needs that are identified:
  - Demographic and statistical data obtained from the community health needs assessment.
  - Utilization for inpatient and emergency room for ambulatory sensitive conditions at Chandler Regional Medical Center
  - Chandler Regional Medical Center Strategic Plan
  - Availability of resources (staff, time, expertise, financing, funding, and grants).
  - Community Needs Index – socioeconomic assessment of health services utilization risk.
  - Availability of services existing in the community and capacity building capabilities.
  - Community-based forums and discussions.

- Alignment with the following core principles for community benefit programming:
  - **Disproportionate Unmet Health-Related Needs:** Seeks to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Addresses the underlying causes of a persistent health problem.
- **Seamless Continuum of Care:** Emphasizes 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.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

The community benefit planning process includes, in part, a review of all current and potential community benefit programs. Each program is evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Of key consideration is the program’s ability to address the priority needs identified in the CHNA with an emphasis on serving the disenfranchised (vulnerable populations) in the Chandler service area.

When the plan is completed it is presented to Dignity Health East Valley Hospitals Community Board to make comments, recommendations, and approval.

**Target Areas and Population**
Downtown Chandler has a significant population of uninsured and underinsured non-English speaking persons of all age groups. A large majority of this population is also indigent with their primary source of income through day labor and seasonal work. According to the Community Needs Index below, Chandler has both moderate and high-risk areas with a mean score in the moderate range of 2.8 for Chandler Service area. Zip codes 85204, 85201, 85225, and 85224 have significant socio-economic barriers, some of which are designated as a Federal Medically Underserved Areas (FMUA) and Medically Underserved Populations (MUP).
Community Needs Index: Chandler Regional Medical Center

Lowest Need

- 1 - 1.7 Lowest
- 1.8 - 2.5 2nd Lowest
- 2.6 - 3.3 Mid
- 3.4 - 4.1 2nd Highest
- 4.2 - 5 Highest

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CNI SCORE MEDIAN: 2.8
Populations
According to the 2012 Nielsen Company statistics, Chandler Regional Medical Center PSA has a population of 853,712, with an anticipated increase of 3.9% by 2017. The growing population includes people of many ethnicities, income, and education levels. Key statistics include:

- CRMC PSA Population: 853,712
- Diversity: Caucasian 59.5% | Hispanic 25.1% | Asian 5.3 | African American 4.8 | Other 5.3
- Average Income: $67,315
- Uninsured: 13.6%
- Unemployment: 5.8%
- No HS Diploma: 5.6%
- Renters: 31.9%
- CNI Score: 2.7
- Medicaid Patients: 110,385

Refer to Appendix A for a more comprehensive review of the Chandler Regional Medical Center Primary Service Area demographics.

Description of What Chandler Regional Medical Center Will Do to Address Community Needs and Identified Priorities

Horizon 2012-2015 Chronic Disease Management: Reduction of Admission/Re-admission
- Center for Diabetes Management
  - Type 1, Type 2, gestational and juvenile diabetes management classes.
  - Collaboration with community based clinics and churches to offer free diabetes self-management programs to their constituents.
  - Collaboration with Juvenile Diabetes Research Foundation and American Diabetes Association to co-sponsor programs, events, and support for families.
- Insulin pump start classes
- Continuous glucose monitoring
- Monthly Support Group
- HEAL – Health Eating Active Living program
- ACTIVATE Transitional Care Program: Planning in FY2012 with implementation FY2013
  - Sponsored by Mercy Care Plan and Foundation for Senior Living
  - Reduce readmission for Long Term Care patients
  - Embedded nurse in hospital to ensure readiness for discharge
  - Community Health Coach to visit patient after discharge
- Chronic Disease Self-Management Program
  - Stanford curriculum for six week course on management of chronic diseases
  - Offer Facilitator training to Dignity Health and community members to expand capacity building opportunity
- Discharge Call Center
- Faith Health Partnership Program
  - Visitation post hospitalization to provide education and resources to prevent readmission
  - Chronic disease education
  - Access to needed community resources
  - Participation in Hospital readmission team and transition program to ensure congregational members of participating churches are referred to program
Access to Care

- Immunization Program
  - Children, adult, college age immunization program
  - Largest health care organization providing immunization for the state
- Building Blocks for Children Program: Grant Funded
  - Hearing Screening
  - Vision Screening
  - Referrals
- Charity Care for uninsured and underinsured through Charity Care/Financial Assistance Policy
- Community Investment Team sponsorships to community organizations for capacity building
- Community Grants Program
  - Mental Health
  - Chronic Disease
  - Obesity
  - Transition Care
  - Continuum of Care
- Outpatient cancer support services
- WIC: State funded Women’s Infant and Children’s Special Supplemental Nutrition Program. Free for low income pregnant, postpartum, and breastfeeding women, along with their infants and children up to age five at nutritional risk. WIC offers nutritious foods, education, breastfeeding support and promotion, and counseling services.
  - Enrollment counselors for in-patient qualified patients
  - Breastfeeding counselor services on in-patient units
- Improving Birth Outcomes
  - Prenatal Community Education classes
  - Free support groups for breast feeding and post-partum depression
  - Teen pregnancy classes, support, and mentoring program
  - Child Safety Classes including National Think First program in elementary schools.

Oral Health Program

- Dignity Health East Valley Children’s Dental Clinic: Grant Funded
  - Education, sealants, fluoride varnish applications, X-Rays, using affiliated dental hygienist models
  - Offer services to low income including migrant head start, migrant population, title one elementary school classrooms, health fairs
- Provide oral health education for children/parents/pregnant women and develop new program targeting pregnant teens and their babies
- Reduces the incidence of dental decay among the underserved children of the East Valley
- Dignity Health First Things First Early Childhood Oral Health Program: Grant Funded
  - Underserved/low-income children ages 0-5 in the East Valley will have increased access to preventive dental services including oral screening and fluoride varnish treatments and increased access to restorative dental services through referrals to dental professionals.
  - Underserved/low income children ages 0-5, their parents and families, and expectant women in the East Valley will receive oral health education in order to decrease the prevalence of early childhood caries in the East Valley.
  - Barriers to oral health prevention services for children 0-5 will be reduced including transportation, language, lack of insurance, and cost.
  - Awareness of the importance of oral health prevention activities will increase throughout the East Valley.
Dental and Medical Providers will receive oral health best practice information through individual visits and workshops

**Action Plan**

- Chandler Regional Medical Center Community benefit programs
  - Assign Community Integration leader to each program/project
  - Confirm budget, productivity, and timelines for each program/project
  - Confirm community partnerships for each program/project
  - Develop and approve an implementation plan for each program/project
  - Monitor, measure, and report the progress and outcomes for each program/project

- For Chandler Regional Medical Center Community Grant funded programs, grant recipients will be responsible for:
  - Program budget, operations, partnerships, and timelines
  - Facilitation of program activities
  - Planning and implementation of program
  - Monitor, measure, and reporting of program progress and outcomes

- For collaborative projects between Chandler Regional Medical Center and community based organizations and partners
  - Maintain collaborative governance
  - Establish partner agreements
  - Confirm program activities and timelines
  - Plan and implement program activities as designated for each partner
  - Monitor, measure, and report program progress and outcomes

**Communication Plan**

- Communicate progress and outcomes to:
  - Hospital administrators, staff, and medical staff
  - Community partners
  - Community members
  - Community boards
- Formats for communication:
  - Electronic sources
    - Website
    - Facebook
  - Brochures and Flyers
  - Community meetings and events
  - Bilingual materials
  - PSA’s, newspapers, and media

**Next Steps**

- Implement Community Based Health Needs survey in collaboration with Arizona State University and Chandler Gilbert Community College using a variety of formats to conduct surveys.
- Implement a Community Benefit Committee comprised of Chandler Regional Medical Center executives, community board members, community grant committee members, and community members, to evaluate and prioritize community benefit needs
- Implement communities of care grant program
Continue collaboration and participation with United Health Care and Ziba East Valley Sharelab research project
Continue community partners session throughout the year to increase networking, establish new partnerships and increase access to care.
Develop opportunities for ACO with community based medical home clinics
Expand ACTIVATE program
Initiate dialogue with CBO’s that would benefit from Dignity Health investment loan
Implement strategies as identified in the community benefit plan for 2012 – 2015

Additional Strategies
Leverage community assets and resources to prevent duplicated efforts and improve success of programs to address needs
Maintain strong advocacy efforts for legislative actions to improve access to health
Strengthen collaborations among community nonprofit partners by sponsoring education, networking events, strategy sessions, and workshops
Continually monitor and evaluate outcomes of programs and services to ensure successful
Continue to evaluate funding sources: grants, donations, foundations, and event sponsorships to sustain and grow community benefit programs
Ensure accurate community benefit reporting in Community Benefit for Social Accountability database

Priority Needs Not Being Addressed and the Reason
As with any healthcare organization, it is not possible to have the resources to meet every need identified in the CHNA. To address needs not specifically met by Chandler Regional Medical Center, strong and effective community partnerships ensure the community has access to care, regardless of the need. Services not provided by CRMC include outpatient cancer treatment services, behavioral health, burn treatment, and in-patient pediatrics. These services, while not met by CRMC, are met but other health care facilities or partners in the service area. Organizations addressing the identified need not met by CRMC include Ironwood Cancer and Research Center, Banner Health Care, Phoenix Children’s Hospital, Valley Hospital, Megellan Mental Health Services, and Scottsdale Health Care.

See Appendix E – other area hospitals and clinics within Primary and Secondary Services Areas

Approval
Each year at the November meeting, Chandler Regional Medical Center’s Community Board, which includes representatives from the surrounding community, reviews the prior fiscal year’s Community Benefit Report and approves the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Assessment and other plans for community benefit. This report was approved at the November 20, 2012 meeting of the Governing Board.
Appendix A

CRMC Service Area 2013

Custom Territory

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## Primary Service Area Zip Codes

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Appendix B1

Chandler Regional Medical Center and Mercy Gilbert Medical Center Community Integration Team

Kathleen Dowler, RN, MHA
Director, Community Integration

Jeanne Cahill
Manager, Center for Diabetes Management

Megan Miks
Program Manager, First Things First Oral Health Program

Sandra Ramos, RN, MSN
Manager, Community Education and Benefit

Susan Ohton, RN
Manager, Community Wellness

Betsy Wells-Gephart, RN, IBCLC
Manager, Lactation Consultant

Jorge Escalante, CHI
Manager, Interpreter Services

Desiree Anthony
Community Integration
Senior Community Benefit Coordinator

Barbara Guy
Mission Integration
Senior Administrative Assistant
## East Valley Hospitals Community Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
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<tr>
<td>Terry Ambus, MD</td>
<td>Physician</td>
<td>Chandler Regional Medical Center Anesthesiology Department&lt;br&gt;475 S. Dobson Road&lt;br&gt;Chandler, AZ 85224</td>
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<tr>
<td>Tim Baughman</td>
<td>Bank executive</td>
<td>Northern Trust Bank&lt;br&gt;7600 E. Doubletree Ranch Road&lt;br&gt;Scottsdale, AZ 85258</td>
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<tr>
<td>Tim Bricker</td>
<td>Healthcare executive; President, Mercy Gilbert Medical Center and Chandler Regional Medical Center</td>
<td>Administration&lt;br&gt;Mercy Gilbert Medical Center&lt;br&gt;3555 S. Val Vista Drive&lt;br&gt;Gilbert, AZ 85297</td>
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<tr>
<td>Camille Casteel, EdD</td>
<td>Superintendent of school district</td>
<td>Chandler Unified School District&lt;br&gt;1525 W. Frye Rd.&lt;br&gt;Chandler, AZ 85224</td>
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<tr>
<td>Helen Davis</td>
<td>Attorney</td>
<td>The Cavanagh Law Firm&lt;br&gt;1850 N. Central Avenue&lt;br&gt;Suite 2400&lt;br&gt;Phoenix, Arizona 85004</td>
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<tr>
<td>Jim Hayden</td>
<td>Owner of consulting firm specializing in board development</td>
<td>Jim Hayden and Associates&lt;br&gt;2200 E Williams Field Road&lt;br&gt;Suite 200&lt;br&gt;Gilbert, Arizona 85295</td>
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<tr>
<td>Maria Hesse, EdD</td>
<td>Vice Provost at state university</td>
<td>Arizona State University Office of Transfer Partnerships&lt;br&gt;PO Box 872108&lt;br&gt;Tempe, AZ 85287</td>
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<tr>
<td>Linda Hunt</td>
<td>Healthcare executive; President, CEO, Dignity Health Arizona</td>
<td>3030 N. Central Ave.&lt;br&gt;Suite 1402&lt;br&gt;Phoenix, AZ 85012</td>
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<tr>
<td>Kris Kober</td>
<td>Retired bank executive</td>
<td>20717 W. 83rd Place&lt;br&gt;Scottsdale, AZ 85255</td>
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<tr>
<td>Carl Landrum</td>
<td>Engineer</td>
<td>Honeywell&lt;br&gt;1300 W Warner Road, MS 1207-5D&lt;br&gt;Tempe, AZ 85284</td>
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<tr>
<td>Michael Lowe</td>
<td>Executive at water and power utility corporation</td>
<td>Salt River Project&lt;br&gt;1521 N Project Drive, PAB 311&lt;br&gt;Tempe, AZ 85281</td>
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<tr>
<td>Marreel, Tom</td>
<td>Chief Executive Officer Marreel Slater Insurance</td>
<td>2475 W. Queen Creek Road&lt;br&gt;Suite 5&lt;br&gt;Chandler Arizona, 85248</td>
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<tr>
<td>Paul McHale, MD</td>
<td>Secretary</td>
<td>Chandler Regional Medical Center Emergency Department</td>
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<tr>
<td>Terry Miller, PhD</td>
<td>Vice Chair</td>
<td>Mill-Rite High Performance Polymers, Inc</td>
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<td>Gary Nagamoto, MD</td>
<td>Physician</td>
<td>485 S Dobson Rd, Ste 115 Chandler, AZ 85224</td>
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<td>Mario Pasquale, Jr</td>
<td>Retired university Vice Chairman</td>
<td>25443 S. Springcreek Rd. Sun Lakes, AZ 85248</td>
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<td>Sister Nancy Perlick, RSM</td>
<td>Chair</td>
<td>Xavier College Preparatory</td>
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<td>Ric Serrano</td>
<td>General manager of restaurant chain</td>
<td>Serrano’s Mexican Restaurants</td>
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<td>Sister Patricia Simpson, OPM</td>
<td>Priorress General of the Dominican Sisters of San Rafael</td>
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<tr>
<td>Richard Snider, MD</td>
<td>Retired physician</td>
<td>24435 S. Rocky Brook Drive Sun Lakes, AZ 85248</td>
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<tr>
<td>Brian Tiffany, MD</td>
<td>Physician</td>
<td>Chandler Regional Medical Center Premier Emergency Medical Services</td>
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<td>Kathy Tilque</td>
<td>Chamber of commerce CEO</td>
<td>Gilbert Chamber of Commerce</td>
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<tr>
<td>Sister Rachel Torrez, RSM</td>
<td>Nurse practice consultant</td>
<td>Arizona State Board of Nursing</td>
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<td>Ivars Vancers</td>
<td>Owner of engineering consulting firm</td>
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<tr>
<td>Veena Vats, MD</td>
<td>Physician</td>
<td>3485 S Mercy Rd, Ste 104 Gilbert, AZ 85297</td>
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Appendix B3

The Center for Health Information & Research (CHiR) / Arizona State University

Community Health Needs Assessment Project Team:

William G. Johnson, PhD
Professor of Biomedical Informatics

Gevork Harootunian, BS
Statistical Programmer

Tameka Sama, MBA
Senior Coordinator
## Dignity Health East Valley Community Grants Committee

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<td>Jeanne Cahill</td>
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<td>Staci Charles</td>
<td>Brain Lab</td>
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<td>Jorge Escalante</td>
<td>Dignity Health, Language Assistance</td>
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<td>Barbara Farmer</td>
<td>Dignity Health, Volunteer Services</td>
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<td>Chandler Unified School District</td>
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<td>Ken Loop</td>
<td>Intel</td>
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<td>Megan Miks</td>
<td>Dignity Health, Oral Health Program</td>
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<td>Jim O’Brien</td>
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<td>Susan Ohton</td>
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<td>Sandra Ramos</td>
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<td>Vice Mayor, Town of Gilbert</td>
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<td>Desiree Anthony</td>
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Chandler Regional Medical Center Hospital Leadership Team

Diane Abraham
Elizabeth Aldama
Julie Alvarado
Renee Balli
Heather Baten
Maryann Bowersox
John Bratcher
Marty Breeden
Tim Bricker
Renea Brunke
Julie Buckwalter
Karen Byrnes
Jim Caffrey
Samantha Celaya
Richard Childers
Michelle Chung
Gregory Codkind
Kelly Curtis
Lynda Dallyn
Beverly Dalton
Jean Dorame
Kathleen Dowler
Sandra Draney
Sylvia Elliott
Barb Farmer
Joe French
Brian Galle
Julie Graham
Barbara Halle
Jane Hanson
Terry Happel
Veronica Harder
Terri Harris
Cary Heath
Jeanette Hendrickson
Julie Hoffman
Forrest Holden
Jeff Jackson
Terry Jones
Delores Kells
Kathy Kenny
Robert Lichvar
Nicki Lovejoy
Jean Maslan
Peter Menor
Donna Nolde
Jen Nowlin
Marianne Oleson
Bill Orlowski
Aaron Peace
Kathleen Prost
Cindy Sehr
Cheryl Shafer
Janet Shepard
Lora Shufelt
Stacy Shufelt
Valerie Sisson
Peg Smith
Larissa Spraker
Keri Sutton
Paul Szabolowski
Kelly Tincher
Kay Tracy
Mario Valadez
Linda Wahlig
John Walters
Appendix C

Health Data – Methods Used

Data Sources:

Private Data Sources
- Arizona Health Care Cost Containment System
- Arizona Department of Health Services

Public Data Sources
- Arizona Cancer Registry
- Arizona Health Status and Vital Statistics
- Arizona Health Survey (2010)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Surveillance System (YRBSS)
- U.S. Census

Primary Data
- Race/Ethnicity
- Health Insurance Coverage
- Diseases/Conditions
- ICD-10 Codes
- Injury-Related
- Non-Quantifiable Benefit
- Definition of Community
- Description of Community
- Community Demographics
- Community Health Needs Assessment Process
- Assets Assessment Process
- Developing the Hospital’s Implementation Plan (Community Benefit Report and Plan)
- Planning for the Uninsured/Underinsured Patient Population
- Key Programs and Initiatives

Secondary Data
- Non-Quantifiable Benefit
- Definition of Community
- Description of Community
- Community Demographics
- Community Health Needs Assessment Process
- Assets Assessment Process
- Developing the Hospital’s Implementation Plan (Community Benefit Report and Plan)
- Planning for the Uninsured/Underinsured Patient Population
- Key Programs and Initiatives
Chandler Regional Medical Center Demographics

Demographics

Age Groups

Population Distribution by Age Group

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Education

Population Age 25+ by Education Level

- Less than High School
- Some High School
- High School Degree
- Some College/Assoc. Degree
- Bachelor's Degree or Greater
Household Income by Group

Current Households by Income Group

![Pie chart showing household income distribution across different income brackets.]

- <$15K: 26,900
- $15-25K: 26,297
- $25-50K: 68,677
- $50-75K: 45,337
- $75-100K: 67,875
- Over $100K: 80,215


Population by Race/Ethnicity

Population Distribution by Race/Ethnicity

![Pie chart showing population distribution across different race/ethnicity categories.]

- White Non-Hispanic: 507,483
- Black Non-Hispanic: 214,265
- Hispanic: 45,344
- Asian & Pacific Is. Non-Hispanic: 45,460
- All Others: 41,160

Appendix E

Other Area Hospitals within Primary and Secondary Service Areas for Chandler Regional Medical Center

CRMC – Primary Service Area
- Casa Grande Medical Center
- Tempe St Luke’s

CRMC – Secondary Service Area
- Chandler Regional Medical Center
- Mercy Gilbert Medical Center
- Banner Desert
- Banner Gateway
- Banner Baywood
- Banner Heart
- Banner Ironwood
- Mountain Vista Medical Center
- Casa Grande Regional Medical Center
- Gilbert Hospital
- Florence at Anthem
- Tempe St. Luke’s

Within the service area, government and community based clinics exist that offer free or low cost medical care, some of which include Mission of Mercy, Hope Community, Chandler Care Center, and Chandler Christian Community Center. Organizations such as About Care and Neighbors who Care provide transportation and home visits to the elderly. Four Food banks are dispersed throughout the service area, and refuge housing exists for the homeless. In addition, other hospital systems that include Banner Health, John C. Lincoln, Scottsdale Healthcare, and IASIS Healthcare.

Community Clinics within Primary and Secondary Service Areas

- Chandler Family Health Center
- Hope Community Health Center
- Clinica Adelante
- ASU Breaking the Cycle
- Tempe Community Action Agency
- Centro de Amistad
- Mission of Mercy
- Mountain Park Health Center
- Florence Community Health Center
- Coolidge Community Health Center
- Eloy Community Health Center
- Sun Life Family Health Center
- Maricopa Clinic
- Apache Junction Clinic
- Casa Grande Clinic
- Coolidge Clinic
- Eloy Clinic
- San Tan Valley Clinic
- Gila River Health Care
## Program Digest Template

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<td>Intervention Strategy for Achieving Goal</td>
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<td>Result FY 2012</td>
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### Fiscal Year 2013

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<tr>
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Appendix G

References


Chandler Regional Medical Center Community Benefit Report and Plan (2012)

Resources from Dignity Health System Office

The Nielsen Company (2012). Demographics: Chandler Regional Medical Center

Thomson Reuters (2012). Demographics: Chandler Regional Medical Center