Mission Integration
Annual Report 2015

“The kingdom of heaven is like leaven, that a woman took and mixed with three measures of flour until all of it was leavened.” Matthew 13:33
This year’s Mission Integration report is dedicated to Bernita McTernan, Executive Vice President of Sponsorship, Mission Integration and Philanthropy, who for 34 years has led the mission integration of Dignity Health, who has given it shape and substance from its beginning, who has kept it vital, and who has guided its growth through every facet of our care, our daily work and our identity.
Foreword

In last year’s report, we focused on our shared pilgrimage—a journey that began with a group of young, determined Sisters of Mercy—and has continued through the second decade of the 21st Century, carrying forward their vision within Dignity Health’s healing ministry and humankindness. This year’s Mission Integration report concerns the next step in that journey, the promulgation of our mission, identity, spirituality, values and heritage through every aspect of Dignity Health’s care and operations. We chose for this year’s report the theme of leavening, because like the yeast within a simple loaf of bread, our mission—when mixed with our daily work, our care, our lives, relationships and spirits—lifts and transforms us and the work we do.

leav·en  (lēvăn)
n.  1. An agent, such as yeast, that causes batter or dough to rise.  
2. An element, influence, or agent that works subtly to lighten, enliven, or modify a whole. 

tr.v. leav·ened, leav·en·ing, leav·ens  
1. To add a rising agent to. 
2. To cause to rise. 
3. To pervade with a lightening, enlivening, or modifying influence.
The changes we described within healthcare and our organization in last year’s report have only accelerated over the past year. More and more, we are called to take our care beyond the walls of our hospitals, to manage the health of the populations we serve, to centralize and modernize our business operations, and to enter into new partnerships and organizational relationships in the interest of providing care across the full continuum of the needs of those we serve. As Dignity Health’s healing ministry grows in new ways, the work of Mission Integration is growing with it.

The leavening process described in this year’s report is an apt metaphor for the ways our mission, values and heritage are becoming integrated within our care and operations. Here are a few examples: we have drawn the link between humankindness and Dignity Health’s identity and heritage for employees, disseminated our expanded Mission Standards and Indicators across the organization, brought ministry development to the employees managing the business and finances supporting our care, and offered a clear definition of spirituality in the workplace, which has already inspired mission centered activities and gatherings across our organization.

The work of Mission Integration has not stopped at our hospitals’ doors. As mission leaders we see the health of an individual, the health of a family, the health of a community and the health of our planet as integral. They are all part of our ministry and calling. As our mission rises within Dignity Health, it lifts the health of our communities, of those in need across our nation and world, and of the environment that nurtures all of us. This is our vision.

“I am personally convinced that one person can be a change catalyst, a ‘transformer’ in any situation, any organization. Such an individual is yeast that can leaven an entire loaf. It requires vision, initiative, patience, respect, persistence, courage, and faith ....”
—Stephen R. Covey

A Birthday Gift – Humankindness

From Dianella Nunes, ED registration, Dominican Hospital:

An elderly gentleman approached the ED desk and inquired about the location of his wife. Erica Lara and Cindy Douglas in ED registration tried to look her up but were unable to locate her anywhere in the hospital. The man told us that his son had told him she was still at the hospital; he then attempted to look up his son’s number in his phone. Seeing him fumbling, Don Derkx in security helped him locate his daughter-in-law’s number. When Don reached her, she told him the family was on their way to the ED. Don got the gentleman a cup of coffee, and everyone continued to make him feel comfortable as he waited for them to arrive. Throughout, the man remained incredibly polite and genial. When his family arrived, they sat gently speaking with him in a corner and we all watched as a wave of emotion passed over his face. After some time, they stood up to leave.

On her way out, the gentleman’s daughter-in-law stopped at the ED registration desk and told us that his wife had passed away years ago and that today was her birthday.

We hear so much in our meetings and communications about the importance of acting with humankindness. I feel blessed to work with people who helped bring comfort to this man and who truly live out humankindness every day.
2015 Mission and Values Achievements

Organizational Identity

Heritage and Humankindness
Integrated heritage, values and mission within the Humankindness Retreats, which were designed to help deliver on the *Hello humankindness* promise of an exceptional patient experience and have been attended by one third of Dignity Health employees to date.

Implementing Mission Standards and Indicators
Extended education on Mission Standards and Indicators to senior leaders across the organization resulting in greater mission leadership in settings beyond acute care, increased focus on spirituality at work and additional resources being dedicated to the mission and values within community health, physician integration and palliative care.

Employee Engagement Survey
Improved mission and values scores overall, with mission questions about meaningful work, listening well and advocating for the poor and disenfranchised scoring high among employees.

Ministry Leadership Formation
Identified and piloted ways of evaluating the impact of the Ministry Leadership Center, Sacramento and the Dignity Health Ministry Development Programs, with the majority of participants surveyed finding the programs valuable or extremely valuable.

Catholic Identity
Completed assessments of eight additional Dignity Health Catholic hospitals evaluating the quality of the implementation of the Ethical and Religious Directives (ERDs) and ministry leadership formation of Dignity Health executive leaders.

Preparing the Mission Leader of the Future
Reviewed essential qualities of the Mission Leader of the future; piloted two educational programs for 17 emerging mission leaders from varied backgrounds.

Spirituality and Culture

Spirituality at Work
Developed a construct or “recipe” for spirituality in the Dignity Health workplace (Life-giving Relationships + Meaningful Work + Reflective Pause = Spirituality at Work); introduced the construct to the organization through a grass roots process.
Palliative Care
Conducted advance care planning discussions with 85 percent of eligible patients about their care goals, through March achieved an 88 percent positive response from families concerning our hospitals’ care of the dying, and met or exceeded goals for each element of the Palliative Integrated Care (PIC) bundle in the ICU.

Ethics
Developed a set of presentation materials for mission leaders to use in conducting the Values Based Discernment Process and a second set for use across the organization when introducing the process; conducted orientation sessions with key constituencies and incorporated the process into ministry leadership classes.

Community Health and the Common Good

Community Health
Began an initiative to align and integrate our community-based prevention and health improvement programs with the full continuum of care delivered by our hospitals and care centers; delivered 132 chronic disease self-management workshops to 1,171 individuals across Dignity Health.

Human Trafficking
Began an initiative to help address human trafficking through identifying and aiding victims seen in our facilities; developed assessment tools, protocols, and resource algorithms to train 280 emergency department staff at a pilot site; identified and aided three victims within 48 hours of launch.

Community Grants and Investments
Awarded 99 community health grants totaling $4.4 million to organizations promoting health access, chronic disease management, improved nutrition, mental health services and community capacity to address health disparities; made 10 investments with organizations supporting community health and renewal, preventive health, and the arts.

Global Mission
Awarded five grants totaling $100,000 to support and improve community health in developing countries; coordinated the collection of $51,000 in employee contributions to help those in need due to the Ebola crisis in West Africa and the earthquake in Nepal.

Ecology/Sustainability
Established a cross functional Sustainability Council and set a system-wide goal for water usage and functional area goals for ecology/sustainability.

Shareholder Advocacy
Engaged 30 companies on a wide range of social and environmental issues; filed shareholder resolutions at 15 companies with an overall success rate of 80%.
Mission and Values—
Our Organization Rising

Heritage and Humankindness

2015 GOAL: To continue to highlight the linkage between our heritage, mission and values and Dignity Health’s humankindness brand.

Our heritage, values and mission leaven every aspect of our organization and of the care we provide; and nowhere is their presence more strongly felt than in our brand promise and the stories of humankindness that inspire us and lift our spirits each day.

In 2014, mission integration staff helped establish the principles defining what the Dignity Health patient experience should be. In 2015, we extended the work of joining our mission and brand identity by contributing to the design and participating in Hello humankindness retreats in every facility across Dignity Health. In the retreats, humankindness is presented as an expression of our heritage, with spirituality and an acknowledgement of our values interwoven throughout the event.

Mission leaders offer the retreats’ opening reflection. The reflection features “The Source,” a video developed by mission integration, which captures the active source behind humankindness and its healing power. “The Source” evokes the roots and soil from which humankindness draws the power to rise in the 55,000 caregivers and staff who are Dignity Health. It is designed to return participants to the principles and spirituality that our founding sisters brought to the organization.

The Mission Integration Standards Educational Plan

2015 GOAL: To introduce and educate the organization about our updated Mission Standards and Indicators and work with senior leaders, mission leaders and human resource leaders to integrate the standards with local strategic initiatives and into leadership development offerings.

Every health care provider has a mission statement and, excepting our Catholic Identity standards, many are similar. Having standards to measure the extent to which our actions mirror our mission takes us a step further as an organization.

Dignity Health’s redesigned Mission Standards and Indicators, completed in 2014, are intended to keep our mission and values alive and vital in our work. Over time, they will ensure that our policies and practices reflect the mission and core values of the organization. The standards and indicators include new leadership accountabilities and new indicators for business offices. They encourage us to consider how they may be applied to settings and services beyond the acute care setting.
In 2015 the Mission Standards and Indicators were finalized, collected and published in a soft cover book entitled Our. “Our” refers to our mission; the book was designed to mirror the Dignity Health Branding book, which was titled “You.” In Our, the Mission Standards and Indicators are presented in a comprehensive format with our mission statement, vision and values, and our Statement of Common Values. Throughout the year mission integration staff have introduced the book to service area leaders, hospital presidents, and mission and human resources leaders. It has also been used in governance orientations and ministry leadership classes. Mission leaders are now in the process of assessing their facilities’ enactment of the Standards, with attention to the quality of identity, spirituality, ethics and community health integration.

**Employee Engagement Survey and Mission/Values Alignment**

The results of the second annual comprehensive Employee Experience Survey (replacing the previous DOC Survey) showed an 85 percent participation rate, an increase from last year’s 82 percent. While the organization did not reach the goal of 74 percent favorable engagement response as hoped, Dignity Health employee engagement continued to move upward to 73 percent favorable, a 2% increase over the prior year’s results.

The attention focused on mission and values through the revitalized Mission Standards helped raise the mission and values index of the Employee Engagement Survey from a score of 3.78 in 2014 to a score of 3.90 this year, a statistically significant increase. All of the mission-related items carried over from last year’s survey trended upward in this year. Results indicate that the promotion of mission and values remains essential to employee engagement, with a new question, “My daily work is meaningful,” scoring among the highest of all engagement questions at an average of 4.27. Dignity Health’s mission and values continue to be one of the organization’s key strengths in engaging employees.

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**The Generosity Store**

Each *Hello humankindness* retreat includes a generosity store where kindness is currency. Dignity Health items are laid out with price tags in the form of acts of humankindness. In this way people have a chance to practice their acts of humankindness and experience the spirit behind them. Below is one participant’s story:

I attended the *Hello humankindness* retreat this month and when they spoke about the Generosity Store I decided to see what was on the table. I have to say I really wasn’t interested in the items until I turned over a set of ear buds and the back read “Deliver a special gift to a child in the hospital.” As the mother of a special needs child who spent her share of time in the hospital this moved me. In choosing my special gift I thought about all the time I spent in the hospital with my daughter and thought what would have brought a smile to my face if someone had given me a gift; and then I found it, the perfect gift, a book filled with bedtime stories from Disney. I purchased the book and took it with me to work the next day. I wasn’t sure which patient I should give it to so I asked the nurses in Pediatrics. They had just received a 4 year old little boy who was in and out of the hospital, just like my daughter, so it was to his mom that I gave the book.
Preparing the Mission Leader of the Future

**2015 GOAL:** Create or augment mission leadership for settings that do not currently have assigned mission leaders.

Mission leaders are the designated stewards of Dignity Health’s heritage. The leaven of mission rises through them and their work. Two thirds of our mission leaders at Dignity Health will be of retirement age within three to five years. At the same time, prompted by healthcare reform, new technologies, and a new focus on community health, Dignity Health’s healing ministry has moved far beyond our hospital walls to new settings with new partners. If the leavening of spirituality, mission and values is to continue across Dignity Health, mission leaders must be found for these new settings—to support our business and IT centers, our work in physician integration and in our many projects joining community and population health, to name just a few examples.

Mission leadership has increased consultation and services to business centers such as Phoenix's information technology center and human resources service center (HRSC). The blessing that launched the new center included a commissioning of the HRSC leaders in their stewarding of mission and values through the work of the center.

This year the Mission Integrity Committee of the Board reviewed the essential qualities needed from the mission leader of the future. We have identified and are piloting two educational opportunities for 17 Dignity Health emerging mission leaders from varied backgrounds—spiritual care, community health, human resources and business development. The first pilot is with The Aquinas Institute of St. Louis, which has launched a two-year virtual learning certificate program for the new mission leader. The second is a pilot program sponsored by the Ministry Leadership Center (MLC), which will launch in February 2016. It is an eighteen month, eight session program featuring the twelve foundational concerns that form the basis of MLC’s executive ministry leadership formation, with an added emphasis on developing the strategic capacity of the executive mission leader.

Our Mission and Our Business Practices

Living our mission and practicing kindness and compassion are not qualities reserved for the care areas within Dignity Health. A former Dignity Health employee who is now with Optum 360 handling our organization’s billing had a chance encounter with a waiter in a restaurant. The waiter told him this story:

“I was the victim of a very bad hit and run a few years ago. A truck had run over me and left me for dead on the road. When the paramedics arrived they had to scoop my insides off the pavement. Against all odds, I survived, and thanks to the financial counselors and hospital administrative staff, I qualified for charity care and didn’t have to carry the financial burden from the care I received. At that point in my life, and even now, a hospital bill of $100,000 would have been as crippling as the injury itself. So thank you for being a part of an organization that has compassion for patients’ financial situations as well as their injuries.”
In the coming year, mission and values needs assessment and services will be developed with Dignity Health’s physician integration leadership and staff. The Catholic Health Association has noted that mission leadership’s participation in key leadership decisions is more important for the future of the ministry than formation activities or services. Accordingly, the pilot programs noted will be assessed for their focus on organizational leadership from a mission/values perspective, as well as for their efficacy in preparing mission leaders for the work of mission and values integration.

**Evaluation of Quality and Impact of Ministry Leadership Formation and Development**

For a decade, Dignity Health has co-sponsored a multi-system program, the Ministry Leadership Center (MLC) in Sacramento, to give Catholic health care executives the historical, theological and spiritual foundation they need to lead the ministry. To date, there have been 233 Dignity Health graduates with 81 currently enrolled. For the past three years, members of the mission integration department have taught a four-module series, Ministry Development Program (MDP) for a portion of those employees in our system and business offices who do not attend MLC. The intent is to ground participants in our heritage, values, spirituality and Catholic social teaching. As of now, the 175th business office employee has completed the MDP. It is clear from their embrace of our mission and enthusiasm for living our values that the program has enhanced the lives of the business office staff.

**2015 GOAL:** Identify ways to evaluate the quality and impact of ministry leadership formation on those who participate, and on Dignity Health as an organization.

Mission and human resources workforce intelligence staff worked together to develop an evaluation survey tool for a sample of MLC and MDP graduates. In its first use, participants noted appreciation for learning about the heritage of Catholic health care and Dignity Health’s founding congregations, the value of exploring material with others committed to health care on the topics of work as a calling, spirituality in the workplace, discernment and ethics, and the opportunity to step aside from normal work preoccupations to grow and develop as leaders.

In the coming year, Dignity Health will analyze the survey data collected to date, assess Dignity Health’s formation needs for the next three to six years, and develop additional survey instruments for ongoing assessments of both ministry leadership programs.

**Mission/Values Assessments**

At the time of Dignity Health’s governance restructure, Dignity Health’s Sponsorship Council, which oversees the Catholic identity of Dignity Health’s Catholic ministries, began an independent analysis of the implementation of the Ethical and Religious Directives for Catholic Health Care Services (ERDs) and of ministry leadership formation. Catholic Healthcare Audit Network (CHAN Healthcare) was chosen to conduct these analyses from the six organizations invited to submit proposals. The assessments, begun in 2013, will be performed for all Catholic ministries within Dignity Health through the end of fiscal year 2016.
2015 GOAL: Continue the analyses of Dignity Health’s Catholic ministries to evaluate the quality of the implementation of the ERDs and ministry leadership formation of Dignity Health executive leaders.

In fiscal year 2015, Dignity Health, through CHAN Healthcare, completed assessments for Mercy San Juan Medical Center, Mercy Folsom, Mercy General, St. Joseph’s Medical Center, St. Joseph’s Behavioral Health Center, Stockton, Mercy Redding, St. Elizabeth’s Medical Center, and Mercy Mount Shasta Medical Center.

To date, Dignity Health has completed analyses of 16 of its 23 Catholic hospitals. Changes made as a result of these analyses include:

- Additional references to ERDs in our Mission Standards and Indicators, as well as facility policies and procedures
- Clarified role for facility mission leader in assessing the effectiveness of the Mission Standards locally, guiding the creation of policies and procedures to comply with ERDS and providing education to caregivers and medical staff
- Creation of quality review plans to conduct annual internal chart reviews related to specific ERD
- In every ministry setting assessed to date, the strength of the Catholic identity and faithfulness to the ERDs has been noted.

Following completion of its mission/values assessments for its Catholic facilities, Dignity Health plans to extend the CHAN conducted mission/values assessment to our community hospitals that are not Catholic ministries under the Statement of Common Values, beginning in fiscal year 2017.

Evaluation Survey

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<tr>
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<th>Ministry Leadership Center (Sacramento)</th>
<th>Ministry Development Program (Dignity Health)</th>
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<tbody>
<tr>
<td>How much did you enjoy the overall program?</td>
<td>4.2</td>
<td>4.8</td>
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<td>How valuable was it for you?</td>
<td>4.1</td>
<td>4.4</td>
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<tr>
<td>How different is the way you look at your job because of Ministry Leadership?</td>
<td>3.9</td>
<td>3.8</td>
</tr>
<tr>
<td>Do you think you behave differently at work because of Ministry Leadership?</td>
<td>3.3</td>
<td>3.4</td>
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Thank you,
Brenna Yaekle, Manager,
IT Business Solutions

Just wanted to tell you that (the Ministry Development Program) has had a profound effect on me. I am a dyed in the wool Methodist and had little knowledge of anything Catholic. I now have a real respect for our Sisters and their courage, determination, and faith—such strong women and, yes, role models for all of us. I’m also totally absorbed with Pope Francis’s encyclical on respecting our common home. If there are any opportunities to be involved with sustainability at Dignity Health, I would like to help wherever I can.
The Whole Person at Work—
Spirituality and Culture Rising
within Dignity Health

Spirituality

2015 Goal: Implement Spirituality at Work education in order to expand staff understanding and ownership of spirituality at work as a core aspect of Dignity Health culture.

If there is a single force within Dignity Health that leavens our mission and ministry, and lifts our people, it is our spirituality. The 2014 Employee Engagement Survey, noted employees’ responses to the statement: “My workplace engages in activities that enhance my sense of spirituality,” were crucial to employee engagement. With that in mind, during FY2015 Mission Integration developed a clear and accessible “recipe” for spirituality in the workplace taken from research, our long experience and from our heritage.

Spirituality in the Workplace—A Recipe

Life-giving Relationships + Meaningful Work + Reflective Pause = Spirituality at Work

Life-giving relationships is the first ingredient. Our vision within Dignity Health is that our workplaces are rich with relationships that nourish our spirit and bring life to us. They can be with our colleagues, our patients, their families, ourselves, the Sacred, the Earth. They are characterized by warmth, kindness, compassion, challenge, problem solving, and hope. Through these relationships, our spirituality is deepened.

Meaningful work is the second ingredient. Our vision is that our work is infused with meaning. When we know how our work contributes to the greater good, to another’s healing, to our mission, or to the common good, our spirits are nurtured. When our work expresses a value we hold dear, or furthers our sense of having personal integrity, our work has meaning. Making the connection between our daily activity and community or personal meaning deepens our spirituality.
Reflective Pause is the third ingredient and is drawn from our heritage. Those who founded our ministries practiced reflection daily. Our spirits are fed when we take time to reflect on our relationships and the meaning of our work. Our spirits are fed when we listen to the still small voice within us, to our intuitive nudges, and to our vocational calls, accessing those sources of wisdom for the benefit of our workplace culture. Our spirits are fed as we move more deliberately, and with awareness, through our work, noticing the presence of the Divine in and amongst us. When we listen to stillness between us, as we work together, our spirits are fed. We have a practice of pausing to reflect at the beginning of meetings; this is but one expression among many of the reflective pause alive in our workplace.

“My daily work is meaningful,” emerged as among the highest 2015 scores for engagement questions at 4.27.

After testing and receiving feedback from spiritual care leaders and communications, we introduced the recipe to the organization through a leavening process that began with the grass roots and worked upward – as an invitation to spirituality rather than a mandate. It was built into our internal ministry development program, shared in nursing huddles and department meetings at our hospitals, woven into new employee orientation at the system office, used as a local leadership education offering, presented as an article for local newsletters, discussed at the Mission Integrity Committee of the Dignity Health board and used as the heading for the monthly distribution of holy days at facilities.

To gauge the initial response to the recipe, we added questions to the 2015 employee engagement survey related to life-giving relationships, meaningful work and reflection.
Ethics
Throughout our history as an organization we have maintained a clear process for ethical decision making, which has leavened our business and care decisions with our values and guided us as an organization in setting our goals. Given Dignity Health’s governance change, increasing centralization of business functions, increasing alliances with partner organizations and expanding scope of services, in 2014 we developed an updated Values Based Discernment Process tool.

2015 GOAL: Develop a set of educational tools to help leaders use the Values Based Discernment Process

During 2015 the Mission Integration department worked to introduce and integrate Dignity Health’s new decision making tool across the organization. Presentation materials were developed for mission leaders to facilitate the Values Based Discernment Process and for leaders across the organization to introduce it. Orientation sessions were held with key leaders in mission, nursing, legal, strategy, supplies and services resource management and with selected local leadership teams. The Values Based Discernment Process was also incorporated into our ministry leadership development classes, comprising one of the four modules.

Palliative Care
As this report demonstrates, many aspects of the work begun by mission integration are becoming integral with the daily care and activities of Dignity Health. Palliative care is a perfect example.

In 2004, Palliative Care set the goal of counseling 90 percent of patients with serious illness who met the criteria for advance care planning. The baseline audit showed a compliance level of 15 percent. Within three years, conducting monthly audits, the system mean rose to 87% and stayed between the 87th and 89th percentile rating for the next eight years. At this point Palliative Care has become integral to most hospitals’ standards of care. With that in mind, it is transitioning to operational leadership at Dignity Health under Page West, Chief Nurse Officer. In 2016 Palliative Care goals and outcomes will be part of the Quality Committee’s report to the Board.
As we have integrated mission and spirituality ever more closely into Dignity Health’s care and operations, community health has become essential to the scope of the organization’s practice and definition of healing. Our work in ecology and sustainability, our shareholder advocacy urging companies to do the right thing in communities, our community grants and investments are not just extensions of the care we provide every day to our patients and families, they are integral parts of it. The boundaries are porous between the health of an individual, the health of a family, the health of a community and the health of our planet. They are all part of our mission and calling. That is our vision and understanding.

Integrating Community Health and Population Health

In 2015, Dignity Health launched an initiative to align and integrate our community-based prevention and health improvement programs with the full continuum of care delivered by our hospitals and care centers. In keeping with our mission, which includes both delivering health services and partnering with others to improve quality of life, we are approaching population health with a strategy to improve health not only inside hospital walls, but also outside through education, prevention, advocacy, and partnerships. We created a new Director of Community and Population Health position to help build these connections between care and community. We have also formed interdisciplinary teams of care managers, social workers, and community-based health teams to better link patients and community members to valuable community resources.

Our goal is not only to prevent avoidable hospitalizations and care episodes, but also to ensure that residents of our communities have the health services, social supports, and home and community environments that enable them to maintain and regain their health. This year, Bakersfield Mercy and Memorial Hospitals received the 2015 Achievement Citation from the Catholic Health Association for their program, Beyond the Walls, a program patterned on the population health model, addressing the complex health and social needs of Kern County.
Tenderloin Health Improvement Partnership – Working to Improve Health Outcomes in San Francisco’s Tenderloin Neighborhood

The Tenderloin Health Improvement Program (TLHIP) is improving community health, safety and well-being for the more than 33,000 individuals and families who live in the Tenderloin, one of San Francisco’s most densely populated and challenged neighborhoods. The TLHIP has created a long-term vision of the Tenderloin as an inclusive, vibrant, and diverse community where differences enhance the richness of the urban experience, and health, safety and well-being are within the reach of all who live and work there. TLHIP is based on the model of the city-wide San Francisco Health Improvement Partnership, and is the first neighborhood-specific coalition to pilot its vision and priorities.

In just 18 months, TLHIP has become a strong agent for change in the Tenderloin, convening public-private stakeholders, leading needs assessments and strategic planning, funding almost $700,000 in pilot projects, establishing a strong health data baseline, initiating evaluation activities and broadening philanthropic support and awareness. TLHIP community grants made in 2014-15 included investments in programs and critical safety measures at Boeddeker Park, an expanded Tenderloin Safe Passage Program, launching a healthy eating education initiative for residents of SRO hotels, and neighborhood economic development through the Tenderloin Economic Development Project, among others.

Dignity Health, PG&E, Citi Community Development, Wells Fargo, Twitter, the San Francisco Foundation and a number of family foundations joined as Founding Funding Partners in TLHIP, alongside Saint Francis Foundation and Saint Francis Memorial Hospital. More recently, the San Francisco Giants became a Founding Partner working to raise awareness and educate the community about TLHIP.

Morena Perez, a single working mother who has lived in the Tenderloin for ten years, appreciates what TLHIP has accomplished. Originally from El Salvador, Morena fled to the United States in the aftermath of a civil war that left the country poverty-strewn, with mounting gang warfare. These days Morena devotes her time to family, working at a local big-box store, and volunteering for the Safe Passage program. Morena volunteers an hour a day, three times a week, as a Corner Captain, ushering children safely across streets and from bus stops, as they walk to and from school in the Tenderloin.

“You see a lot of drug dealing on street corners,” said Morena. “But when the drug dealers see us, they leave. The Safe Passage program helps make it safer for the kids.” Morena believes that organizations, such as the Saint Francis Foundation, have helped improve the Tenderloin. And she is grateful for the work these organizations have done to improve the quality of life for its residents, especially the children, with the Safe Passage program and the renovation of Boeddeker Park.

“We want to improve our community, and we can’t do that without the help of neighboring organizations,” said Morena. “It’s good that they are here and that they are involved in the community.”
Chronic Disease Self-Management Education (CDSME)

In response to the continuing high incidence of chronic health conditions evident in Dignity Health hospitals’ Community Health Needs Assessments, we continued delivering evidence-based chronic disease and diabetes self-management education, in English and Spanish, to individuals residing in communities in need. In FY2015, 1,171 individuals successfully completed one of the 132 “Stanford model” workshops delivered by 26 of our hospitals in California, Nevada, and Arizona. The workshops are offered at no cost to participants. In addition, we trained 72 new workshop leaders who serve as educators, strengthening the capacity of both Dignity Health and our community partners to deliver these programs to even more people.

We also took steps to strengthen, expand and sustain these programs. Our St. Rose Dominican hospitals in Nevada earned accreditation for their Diabetes Self-Management Education programs through the American Association of Diabetes Educators, demonstrating a high standard of quality. Further, St. Rose Dominican created an accreditation manual that other Dignity Health hospitals are now using to pursue accreditation for their programs. In California, Dignity Health began preparations to join a new statewide network of CDSME providers to which insurers will refer their covered members to the workshops. At least seven Dignity Health hospitals in Southern California will participate in the initial roll-out of this program beginning in the summer of 2015. The new network will enhance the sustainability and growth of this important community health education and empowerment initiative, and is a step in integrating clinical care and community health education. And finally, three additional hospitals – California Hospital Medical Center, Community Hospital San Bernardino, and St. Bernadine Medical Center – made the decision to offer CDSME programs beginning early in FY2016.

While Dignity Health paid for staffing and management of the workshops, participant health education materials and training costs for workshop leaders were funded in part by the generosity of more than $45,000 in Dignity Health employee donations to our Community Health Partnership Fund. A portion of these funds allowed us to translate the curriculum into the Hmong language, to serve Asian immigrants in the Stockton, California area. We have made the translation available to the Stanford University Patient Education Research Center, which licenses the curriculum, so it can be made widely available to other communities statewide and nationally.

Advancing Best Practices Providing and Reporting Community Benefit

2015 GOALS: Codify processes and procedures to ensure compliance with the final IRS ruling on community benefit. Develop educational materials to ensure understanding of federal mandates.

Dignity Health has always been deeply committed to its service mission and its values as a not-for-profit organization. Historically, we’ve expressed our commitment by dedicating resources to community benefit activities such as providing financial assistance to those who are uninsured or unable to pay the cost of their care, providing community health improvement and prevention services, and making donations and grants to other organizations working to improve health. In reporting to our communities we have held ourselves to the highest standards.

As a part of the Affordable Care Act, the federal government has instituted new requirements for not-for-profit healthcare providers, and, in December of 2014, released final community benefit regulations. Dignity Health has embraced these new mandates by updating our financial assistance policies, refining the community health needs assessments and implementation
strategies that guide our programs, and aligning all of our tools – programs, grants, and community investments – with demonstrated community needs. We also initiated dialogues with other health care systems, public health departments, and others in the communities we serve to determine and share best practices and to coordinate initiatives for better collective impact. We expect to complete our internal policy updates in September of 2015 and complete staff education and support materials by the end of the calendar year.

**Human Trafficking – A New Initiative and Call to Action**

Men, women, and children are sold into a $150 billion annual market for sex and labor. This is happening globally and domestically; in urban and suburban areas; in hotels, restaurants, and on street corners. After the international drug trade, trafficking of humans is the second largest criminal industry in the world. Working together, we can help address this terrible tragedy.

We believe that our hospitals and clinics are uniquely positioned to help communities respond to human trafficking. Dignity Health serves many communities with high rates of poverty, family instability and unemployment – conditions ripe for human trafficking. Within California, the Bay Area and Los Angeles have the highest rates of trafficking.

Virtually all human trafficking victims will have a health care encounter at some point. Findings from a major report from the Massachusetts General Human Trafficking Initiative indicate that 30% of trafficked persons have visited a health care site while being held against their will and were not identified. We are working to change that tragic reality. When victims need help, trained hospital staff will work with them to achieve a successful transition from the acute-care setting to the community, within a supportive framework of mental-health, social-service providers and workforce-development professionals focused on urgent and longer-term needs. Our approach is based on strong collaboration between our medical facilities, community organizations, law enforcement, and other government agencies.

Led by Dignity Health’s President and CEO, Lloyd Dean, our Executive Vice President for Mission Integration, Bernita McTernan and our Chief Nursing Officer, Page West, we began Dignity Health’s Human Trafficking Initiative with a day-long educational conference in October 2014 for clinical and community-focused staff leaders. A Multidisciplinary Task Force then developed assessment tools, protocols, and resource algorithms used to train more than 280 emergency-department staff at our pilot site, St. Mary’s Medical Center in Long Beach. Within 48 hours of the pilot launch in March 2015, staff identified three trafficking survivors. The new training materials and lessons learned will become the blueprint to guide training, care, and community referral at all our care sites. By the middle of 2016, our goal is to have trained 40,000 employees throughout Dignity Health.

We recognize our responsibility to ensure that victims get the support they need and Dignity Health is investing significant resources to that end. However, there is much left to be done to help victims once they leave the safety of their health care facility. We are currently working with external partners to seek co-investments to build capacity – beyond our walls – and provide comprehensive assistance to trafficking survivors.

Drawing upon the expertise of our community health teams and our existing community partnerships, Dignity Health will devote 2016 to partnering and reaching out to organizations to raise awareness and educate the community, and mobilizing networks of community-based care to eliminate gaps in services to victims of human trafficking.
Our Community Grants and Investments

We leaven the health of our communities through our grants and investments which lift the work of community partners, organizations and coalitions. Our program currently consists of three major initiatives:

**Dignity Health’s Community Grants Program:** Begun in 1990, this initiative awards grants to non-profit organizations addressing health priorities identified in our hospitals’ Community Health Needs Assessments.

**Dignity Health’s Community Investment Program:** Since 1990, this initiative has provided low interest loans and guarantees to organizations addressing the social determinants of health primarily in Dignity Health service areas, but also across America and internationally.

**Dignity Health’s Global Mission Program:** Begun in 2013, this initiative supports projects that address the health and social justice needs of low-income communities in countries outside the U.S. where our Sponsors have a presence.

What follows are summaries of Dignity Health’s community grants, community investments and global mission program during the past year.

**Community Grants**

Each year Dignity Health hospitals submit recommended grant applications to the System Office from local non-profits seeking to implement projects supporting health goals and priorities identified in their service areas’ Community Health Needs Assessments. Community health grant awards vary between $5,000 and $75,000, and the total community health grant award allocation to service areas is based on .05 percent of their hospitals’ prior year’s audited expenses.
Since its inception, Dignity Health has awarded over $56 million in community health grants to 3,105 projects in the following areas:

- 31% Prevention Healthcare Services
- 30% Access to Healthcare Services
- 16% Behavioral Health
- 13% Nutrition Education
- 4% Access to Primary Care
- 4% Access to Dental Care
- 2% HIV/AIDS Services

During 2015, Dignity Health awarded 99 community health grants totaling $4.4 million. A majority of awards went to organizations involved in:

- Promoting greater access to health care – especially for underinsured and uninsured children, pregnant women, veterans and persons with disabilities.
- Helping to manage chronic disease conditions such as diabetes, asthma and heart disease.
- Promoting nutrition education and reducing obesity – especially in children.
- Providing mental health services – especially for victims of domestic violence.
- Building community capacity to address the primary causes of health disparities.

**Community Investments**

Dignity Health’s ability to extend funds to projects and organizations that would otherwise not qualify for traditional loans is an important part of the leavening we bring to our communities’ health. We grant these loans not only on the borrower’s ability to pay, but, of equal importance, on their alignment with Dignity Health’s values. And although by traditional bank standard these loans might be considered higher risk, loan losses are minimal (less than 1 percent over the history of the program), and the blended rate of return has always exceeded the three years average Consumer Price Index (CPI) Benchmark.

Our community investment allocation currently stands at $90 million for loans, and $10 million for guarantees, with $64 million in loans and guarantees currently approved. Since its inception, Dignity Health has approved over $179 million in loans, deposits and equity for the following purposes:
In 2015 Dignity Health made a number of investments in intermediary organizations providing support for community health and renewal across the United States and internationally, including:

**Nonprofit Finance Fund:** a fund supporting community based nonprofits in major cities across the nation with a focus on revitalizing low to moderate income neighborhoods

**Craft3:** a community development institution with the mission of strengthening economic, ecological and family resilience in the Pacific Northwest through innovative investments in industries combating climate change through renewable energy technology

**Vital Healthcare Capital:** the only national social impact loan fund in the U.S. specializing in providing capital to organizations providing better integrated healthcare to vulnerable populations

**Florida Community Loan Fund:** an organization investing in low income community development projects throughout Florida

**Texas Community Capital:** a nonprofit intermediary delivering loans and development services to community development corporations and financial institutions across Texas.

**Preventive Health:** Provided funding to Peach Tree Healthcare providing preventive healthcare services and education to the Northern California counties of Yuba and Sutter.

**Microfinance:** Provided funding for a global impact investor organization investing in eleven countries in Latin America and the Caribbean with the mission of expanding economic opportunity for people living in poverty.

**Art and Community Renewal:** Provided operating funds to the Museum of the African Diaspora, which has helped revitalize and transform a low-income industrial area in San Francisco into a vibrant and dynamic cultural enclave that now contains several museums and the Yerba Buena Center for the Arts.

**Art and Disadvantaged Youth:** Supplied capital to Art Share, a community arts center in Los Angeles, that provides low-income live/work spaces, performance areas and after-school programs for disadvantaged teens.

**Rate of Return:** Returned an average rate of 3.21 percent — well above the benchmark of 1.73 percent (Three year average CPI).
**Global Mission Program**
The leavening of our mission is not bounded by our nation’s borders. Our work extends to all corners of the earth to raise the spirits and circumstances of those in need.

**International Grant Program**
The Global Mission Program (GMP) awards grants to projects serving low-income communities primarily in countries where our Dignity Health Sponsors have missions, or to organizations addressing critical needs with global impact identified as priorities by our Sponsors. The program is funded by budget allocation. Grant awards vary between $5,000 and $25,000, and the total award allocation for 2014-15 was $100,000. Criteria for evaluation of award proposals center on those projects that:

- Promote the health and status of women and children.
- Contribute to clean water, food and sustainable agriculture.
- Prevent human trafficking, and offer care and rehabilitation to victims.
- Expand education and communication within rural communities.
- Promote health care and education on the prevention of the spread of HIV, as well as offer care for persons with AIDS.

In FY2015, Dignity Health awarded five GMP grants:

- **Tanzania – Sisters of St. Francis**: To increase a sustainable supply of fresh water in remote villages in the lake Region of Tanzania by installing storage tanks to filter rainwater.

- **South Sudan – Mercy Beyond Borders**: To plan, organize and conduct basic vision screening for 1,000 children in Narus, and to provide corrective eyeglasses as necessary.

- **Romania – Not-For-Sale**: To expand and continue providing transitional housing and basic services such as education, job training and placement to young victims of human trafficking.

- **Dominican Republic – Project C.U.R.E.**: To support an onsite needs assessment and shipment of a container of customized medical supplies to rural Placer Bonito – a medically underserved area hit hard by natural disasters and structural poverty.

- **Central America, Middle East, and Asia – Capacitar International**: To support the Trauma Healing and Transformation Education Program in delivering training to 1,125 people living in poverty, violence, or natural-disaster-plagued areas.

**International Emergency Medical Response**
From time to time, the Global Mission Program (GMP) coordinates Dignity Health employee responses to major natural disasters that have affected thousands of people in developing countries. In FY2015, the GMP in partnership with Philanthropy, Project C.U.R.E. and MedShare, collected well over $38,000 in employee contributions to send a shipment of medical supplies to Ebola victims in Sierra Leone, West Africa, and $23,000 to send a shipment of medical supplies to earthquake victims in Nepal.
Ecology/Sustainability

The logical extension of Dignity Health’s mission to lift those in need is to be a force for preserving and stewarding the health of Earth. For more than 19 years Dignity Health has recognized the linkage between the health of the planet and the health of the individuals and families we serve. And for those years we have been a leader in calling for and practicing sustainability – reusing, recycling and minimizing our use of Earth’s resources.

Toward a System-wide Culture of Sustainability

While system office staff has been responsible for overseeing ecology initiatives, they have been managed and carried out by ecology teams at facilities. In FY2015 we took an important step forward in promoting sustainability across our system.

In keeping with this year’s theme of leavening our values across Dignity Health, we have formed a Sustainability Council made up of a cross functional team of people whose goal is to articulate, promote and coordinate a sustainability culture across the organization. Thus far they have had an initial meeting, formed a charter, worked toward a definition of sustainability, set a system-wide goal for water consumption, and established sustainability goals for functional areas within the organization. We will report on the council's progress and impact in next year’s report.

Recognition and Leadership

On May 14th, Sister Susan Vickers, Dignity Health’s vice president of corporate responsibility, was given this year’s Environmental Health Hero Award by Health Care Without Harm (HCWH), its highest award. Sr. Susan received the award at the CleanMed Conference in Portland, OR, for her years of advocating sustainable and environmentally sound practices for hospitals. As a result of her work, Dignity Health was the first hospital system to join HCWH. It is through her leadership that our organization also came to endorse CERES Principles which encourage conservation of resources, reduction of waste and reuse and recycling programs.
In addition, during FY2015 seven Dignity Health facilities were honored by Practice Greenhealth with Environmental Excellence Awards. These awards recognize healthcare organizations and facilities demonstrating innovation and creativity in developing sustainable health care environments.

**2015 GOAL:** Promote patient, employee and community safety by minimizing products containing chemicals of high concern.

**Minimize Products Containing Chemicals of High Concern**
During FY2015 Dignity Health collaborated with BizNGO and other partner organizations on the Chemical Footprint project. In addition to participating on the steering committee, our organization is one of the first signatories on the project, which advocates for clearer benchmarking and assessments of companies’ progress in moving to safer chemicals in their operations.

Dignity Health facilities switched to milky white, pigment-free patient products, preventing over one ton of dye and harmful chemicals from entering our landfills. We also moved to nitrile gloves, which are DINP (Diisononyl phthalate) free thereby reducing concern over leachate in landfill affecting the reproduction of fish and other aquatic animals. In addition, in FY2015 we began the process of moving to water and special cleaning equipment in our facilities, which will eventually eliminate our use of 320,000 gallons of cleaning chemicals.

**Socially Responsible Investing and Shareholder Advocacy**
The leavening of Dignity Health’s mission extends beyond the walls of our organization, beyond the communities we serve to our investment communities and the organizations we invest in by using our assets in a socially responsible manner consistent with our mission, vision and values. We screen our portfolio to avoid investment in companies whose products and services are inconsistent with our mission, employ asset managers specializing in socially responsible investments and engage as investors on social and environmental issues.

With the members of the Interfaith Center on Corporate Responsibility (ICCR) we engage companies on issues that impact the health of individuals, communities and our planet. Our shareholder initiatives have allowed Dignity Health to highlight the health impacts and risks of climate change and to join its voice with those calling for substantive action to address it.

Throughout FY2015 we engaged 30 companies on a wide range of social and environmental issues. We conducted constructive dialogues with 15 companies on responses to climate change, initiatives to make medicines available and affordable in developing economies, efforts to eliminate human trafficking and forced labor, and progress in promoting nutritious and locally sourced food. Shareholder resolutions were filed at 15 companies; two were omitted from the proxy due to Securities and Exchange Commission No Action Letters; five were withdrawn in exchange for company action on the issue raised; and seven received sufficient shareholder support to return to the proxy in 2016 for an overall success rate of 80%.
2016 Mission and Values Goals

Mission and Values Culture
Complete mission/values assessments for remaining eight Catholic facilities; design mission/values assessment for facilities that are not Catholic ministries.

Promote and support mission and values, including the spiritual dimension of Dignity Health culture, by promoting mission and values as key drivers of leadership accountability, employee engagement and Dignity Health culture, and by extending the spirituality at work construct at local and system levels.

Mission and Values Education and Leadership Development
Advance comprehensive mission education and development opportunities for Dignity Health leaders that equip them personally and professionally to lead the ministry into the future, with 2016 emphasis on mission leaders, physician integration leaders, executive leaders and business center leaders.

Community Health Strategy Alignment
Advance an integrated community health strategy that further aligns community health, population health and care coordination leadership, resources, and partners, and extends the care continuum for medically underserved and socially fragile populations.

Human Trafficking
Continue to educate Dignity Health staff to recognize signs that a patient is being trafficked, create community resource lists for all hospitals, and develop or strengthen relationships with key community organizations to develop a robust continuum of care for victims.

Ecology/Sustainability
Develop and advance systems and structures that enhance the ecological and overall sustainability of Dignity Health’s ministry; roll out the Sustainability Council agenda across all functional areas; produce a Sustainability Report following the Global Reporting Initiative – G4 Format; and pilot a chemical footprint project.