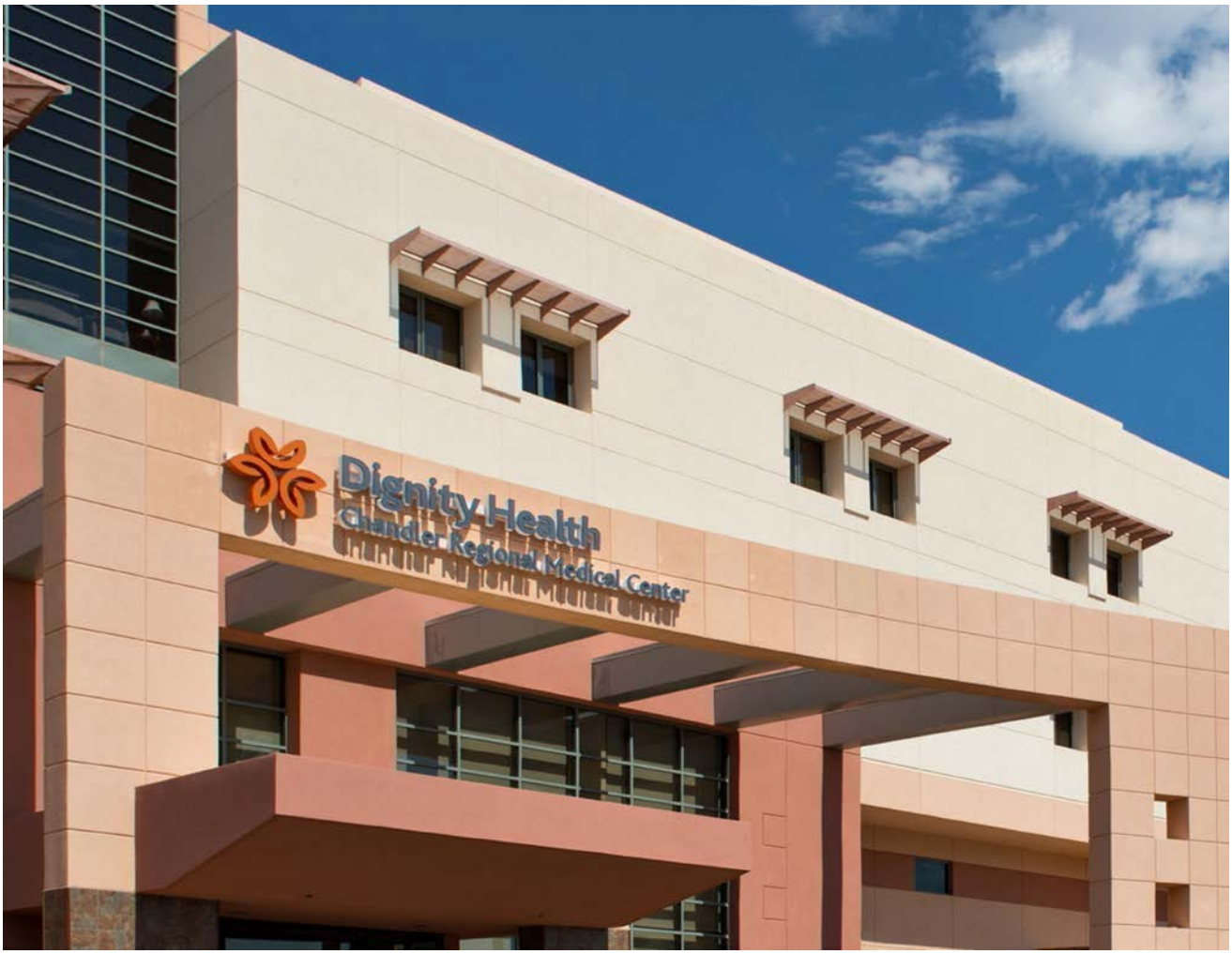
Chandler Regional Medical Center

Community Benefit 2021 Report and 2022 Plan

Adopted October 2021



Dignity Health.
Chandler Regional Medical Center

A message from

Mark Slyter, president and CEO of Chandler Regional Medical Center, and Joan Warner, MD, Chair of the Dignity Health East Valley Hospitals Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Chandler Regional Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2021 Report and 2022 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntary produce these reports and plans as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2021 (FY21), Chandler Regional Medical Center provided $53,829,636 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $42,009,987 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its October 19, 2021 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to us at 480-728-5717.

Mark Slyter, President/CEO

10/27/2021

Joan Warner, MD Chairperson, Hospital Board

Table of Contents

At-a-Glance Summary

Community Served

The City of Chandler, is located southeast of Phoenix. As of August 1, 2021 the population was 268,255 and is projected to climb to over 309,100 by 2030. Chandler's 64.90 square miles of incorporated area is primarily served by Dignity Health's Chandler Regional Medical Center (CRMC) for acute care and trauma services. Surrounding communities also being served by CRMC include Sun Lakes, Ahwatukee, Guadalupe, Tempe, Maricopa, Phoenix, Gila River Indian Reservation, Ak-Chin Indian Community, Mobile, Casa Grande, Sacaton, Gilbert, Queen Creek and Mesa. Chandler is a vibrant, diverse and growing community.

Economic Value of Community Benefit

$53,829,636 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits.

$42,009,987 in unreimbursed costs of caring for patients covered by Medicare.

Significant Community Health Needs Being Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:

- Access to Care
- Mental Health and Behavior Health
- Diabetes
- Breast Cancer
- Injury Prevention
- Social Determinants of Health
  - Food Insecurity
  - Housing/ Homelessness
  - Transportation

FY21 Programs and Services

The hospital delivered several programs and services to help address identified significant community health needs. These included:

- ACTIVATE: Transitional Care Program
- Dignity Health outreach department programs:
  - Building Blocks for Children Hearing and Vision Screening
  - Immunization Program (children and adults)
  - Children's Dental Clinics and First Teeth First program
  - Community Education: Prenatal Classes and Support Groups
  - Community Education: Perinatal Mood Disorder Therapy sessions 'Let's Talk'
  - Injury Prevention education: Matter of Balance, Stop the Bleed,
  - Healthy Families
  - Center for Diabetes Management: Type I, Type II, gestational and prediabetes, free community support group, insulin management

	- H.E.A.L : Healthy Eating, Active Living lifestyle change program - Healthier Living: Chronic Disease Self-Management o Dignity Health Community Grants Program o Dignity Health Community Investment program o Homeless Patients' Initiative – access to shelter and supportive services, Clothing, meals, medications, and transportation o Patient Financial Services o Zero Suicide Prevention Navigation Program FY21 Dignity Health East Valley Community Grants Program awarded nine Communities of Care collectively addressing the hospital's identified health priorities from the most recently conducted CHNA and needs exacerbated by the COVID-19 pandemic.
FY22 Planned Programs and Services 	Continue FY21 programs as noted above and in the report, adding for FY22: o Community of Care grantee's addressing health priorities o 2021 East Valley Community of Care programs grantees are : - East Valley I-HELP Coalition - East Valley Perinatal Network - Partnership to Build Resilient Families - Safe at Home - Senior Community Wellness Coalition - BRAVE Connections - Freedom House Transitional Living - Identification, Resources & Support for Survivors of Sex Trafficking Women ages 18-24 - Youth Mental Health Collective o Chandler Children's Medical Clinic o East Valley Resource Coalition o 2022 CHNA planning with additional focus on: - Impact of COVID-19 - Racial Inequity and Social Justice

This document is publicly available online at: https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-benefit-reports.

Written comments on this report can be submitted to the Community Health Department to Kathleen Dowler, Director Community Health at 1750 E. Northrop Blvd. Suite #200, Chandler AZ 85286 or by e-mail to Chandler-CHNA@dignityhealth.org.

Our Hospital and the Community Served

About Chandler Regional Medical Center

Chandler Regional Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health. Chandler Regional Medical Center (CRMC), is the longest established hospital in the southeast valley, providing 60 years of service to the community. Serving the rapidly growing East Valley, Chandler Regional Medical Center is a comprehensive acute-care hospital that provides a full spectrum of services including a Level I Trauma Center, open heart surgery program, neurosurgery, orthopedics, and high risk obstetrics and newborn services. With more than 2,578 employees and 1,117 physicians representing all major specialties, Chandler Regional Medical Center provides comprehensive care, from routine check-ups and diagnostic services to a wide range of specialties including advanced diagnostic, surgical, robotics and intensive care services.

Chandler Regional Medical Center's newest patient-care tower, Tower D, designed to respond to the growing East Valley community's increasing health care needs, opened for patient care in August 2021. The 220,000 square foot tower now serves as the hospital's main entrance, cardiac rehabilitation, ambulatory therapy unit, gift shop and chapel. In addition to thoracic patient rooms and intensive care unit rooms with a total of 96 additional patient beds in Tower D, brings the total bed count at CRMC to 429 beds.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

Chandler Regional Medical Center is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.

Description of the Community Served

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

The primary service area for Chandler Regional Medical Center (CRMC) includes the zip codes making up the top 75% of the total patient cases. The City of Chandler is primarily served by CRMC for acute care and trauma services. A summary description of the community is below in Table 1.1. Additional details can be found in the CHNA report online.

Chandler is becoming a hub for manufacturing of semiconductors, chips and other computer-related technology which include, Intel, Microchip, and Northrop Grumman Corporation. In 2020, Intel had approximately 12,000 employees across two campuses and opened its Fab 42 facility which is a $7 billion investment planned to create 3,000 jobs in Chandler.

The city is home to nationally recognized employers Arizona State University Chandler Innovation Center, PayPal, Garmin, Pearson Education and Chandler Municipal Airport. However, despite strong economic growth, there continues to be many factors and social determinants of health in the suburban Chandler communities that need to be addressed in order to improve the health and wellbeing for the broader community and the underserved. Challenges for this community include high rates of poverty, violence-associated injuries, a large non-English speaking population, and low education attainment, all of which create barriers to access. Downtown Chandler has a significant population of uninsured and underinsured non-English speaking persons of all age groups. A large majority of this population is also indigent with their primary source of income through day labor and seasonal work. As with other communities across the nation, the City of Chandler has been significantly impacted and challenged by COVID-19. The town's governance, businesses, nonprofits and faith communities collectively responded to the needs of community exacerbated by the COVID 19 pandemic.

Community demographics, according to 2020 Census-Maricopa Association of Governments White: 58.4%, Hispanic or Latino: 22.6%, Asian: 12.0%, Black or African American 6.0%. Household median income in 2018 was $99,000. Within a one-mile radius of Downtown Chandler, between 25% 40% of families live in poverty, which is an alarmingly high poverty rate. Chandler Regional Medical Center serves Chandler, a city in Maricopa County, Arizona and a suburb of the Phoenix Metropolitan Statistical Area (MSA). The city of Chandler is bordered to the north and west by Tempe, to the north by Mesa, to the west by Phoenix, with Gila River Reservation immediately to the west, then to the south by the Gila River Indian Community, and to the east by Gilbert.

Table 1.1

FY21 Demographics Market Snapshot Chandler Regional Medical Center	
*Hospital service area zip codes are based on the top 75-80% of discharges from FY20 (July 1, 2019 - June 30, 2020): data provided by DH Decision Support team.	
Total Population	**720,034**
Race	
White - Non-Hispanic	54.4%
Black/African American - Non-Hispanic	5.9%
Hispanic or Latino	26.5%
Asian/Pacific Islander	7.6%
All Others	5.6%
Total Race	100.0%
% Below Poverty	7.2%
Unemployment	4.2%
No High School Diploma	8.6%
Medicaid (household)	8.5%
Uninsured (household)	4.5%
Source: Claritas Pop-Facts® 2021; SG2 Market Demographic Module SG2 Analytics Platform Reports: Population Age 16+ by Employment Status Families by Poverty Status, Marital Status and Children Age Insurance Coverage Estimates; map data export	

*Zip codes and cities:

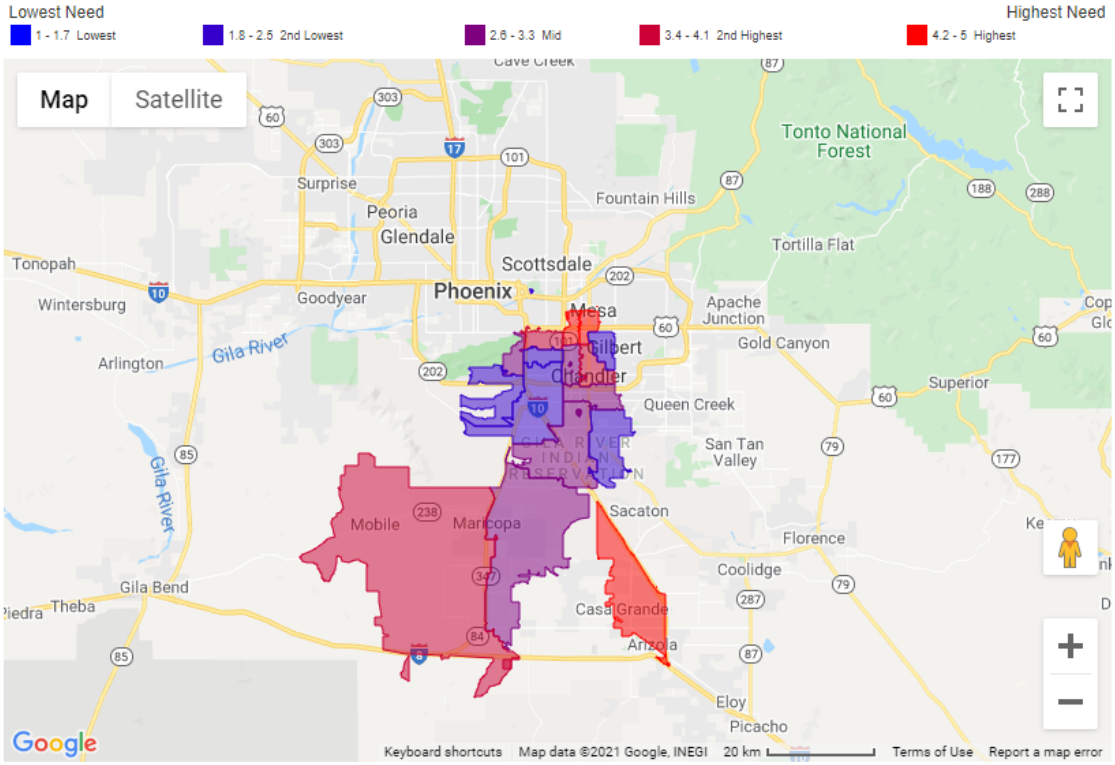
85225	Chandler	85048	Phoenix	85284	Tempe
85224	Chandler	85122	Casa Grande	85233	Gilbert
85248	Sun Lakes	85147	Sacaton	85202	Mesa
85138	Maricopa	85283	Tempe	85121	Bapchule
85044	Phoenix	85226	Chandler	85210	Mesa
85249	Chandler	85286	Chandler	85139	Maricopa

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Table 1.2 scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. Zip code areas with the highest risks are in the secondary service area: 85210, 85128 and 85201.

Table 1.2



Mean(zipcode): 3.1 / Mean(person): 3.2 CNI Score Median: 2.9 CNI Score Mode: 2.4

Zip Code	CNI Score	Population	City	County	State
85044	2.8	41142	Phoenix	Maricopa	Arizona
85048	2.4	37131	Phoenix	Maricopa	Arizona
85122	4.2	63323	Casa Grande	Pinal	Arizona
85138	3	48865	Maricopa	Pinal	Arizona
85139	4	23605	Maricopa	Pinal	Arizona
85202	4.2	42249	Mesa	Maricopa	Arizona
85210	4.6	41364	Mesa	Maricopa	Arizona
85224	3	46967	Chandler	Maricopa	Arizona
85225	4	77747	Chandler	Maricopa	Arizona
85226	2.4	41511	Chandler	Maricopa	Arizona
85233	2.4	42024	Gilbert	Maricopa	Arizona
85248	2.6	40009	Chandler	Maricopa	Arizona
85249	1.8	50502	Chandler	Maricopa	Arizona
85283	3.4	48890	Tempe	Maricopa	Arizona
85284	1.8	19686	Tempe	Maricopa	Arizona
85286	2.6	55019	Chandler	Maricopa	Arizona

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in January 2019.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments or upon request at the hospital's Community Health office.

Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

A. Access to care
B. Mental/Behavioral health
C. Diabetes
D. Breast cancer
E. Injury prevention
F. Social determinants of health

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

2021 Report and 2022 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY21 and planned activities for FY22, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests.

Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status, increase access to needed and beneficial care, and help create conditions that support good health.

The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

Creating the Community Benefit Plan

Rooted in Dignity Health's mission, vision and values, Chandler Regional Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, hospital board, clinicians & staff, Community Health Committee (CHC) and in collaboration with community partners. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

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

- Focus on disproportionate unmet health-related needs
- Emphasize prevention
- Contribute to a seamless continuum of care
- Build community capacity
- Demonstrate collaboration

Additionally, CRMC abides by the Dignity Health Mission Standards that include Organizational Identity, Spirituality and Culture, Ethical Principles, and Community Health and the Common Good. The Mission standards serve as a foundation and guide as we further our mission of compassion, advocacy and partnership.

Standards 7 - 9 under Community Health and Common Good align with the scope of work recommended in the Implementation Strategy.

Standard 7: Dignity Health partners with others in the community to improve the quality of life.
Standard 8: Dignity Health employs a variety of approaches, including advocacy, innovation and philanthropy, to address the social, political and economic structures that affect the health of persons, especially those most vulnerable.
Standard 9: Dignity Health exercises responsible stewardship of the environment and partners with others to advance ecological initiatives.

Chandler Regional Medical Center's Community Health Committee leads the planning process that includes review of all current and potential community benefit programs for alignment with identified significant health needs. Each program is evaluated for effectiveness, potential impact, and the need for continuation, discontinuation, or the need for enhancement. Committee site tours, presentations, and program reports provide additional perspective.
In addition to the CHC, Dignity Health leadership, Community Health department, community partners, and constituency feedback all influence prioritization of programs and services identified in the Community Benefit Report and Plan. Feedback is obtained through presentations, key informant interviews, surveys and focus groups.

Impact of the Coronavirus Pandemic

Hospital response to community needs, and employee's needs, in FY21 to help alleviate pandemic-induced needs.

Chandler Regional Medical Center
- COVID-19 vaccine POD was set up at Chandler Gilbert Community College.
    - Thanks to a collaborative between Chandler Gilbert Community College, local fire and police departments, Dignity Health, National Guard, local University and College medical and nursing students, over 150,000 vaccines were administered over 47 POD days.
- Dignity Health continued its Community Health department programs virtually, telehealth and tele dentistry.
    - Dignity Health continued providing access to needed services for underserved that included immunizations, hearing and vision screening, dental care, support groups, community education, chronic disease management, and diabetes education and support.
- A calming center/unit was created in both Mercy Gilbert and Chandler Regional Medical Centers for the employees, nurses and physicians to rest and find peace.
    - Dignity Health increased the list of low cost or no cost child care services for employees to respond to the grade school virtual classroom structure during 2020-2021.
- Many Dignity Health on-site employees were transitioned to working remotely to help reduce the impact of Covid-19 illnesses and offered on-site grocery stores for employees.
    - Facilitation of the Dignity Health Community of Care Grants Program and Investment programs addressing needs exasperated by the pandemic.
- Receiving and distributing donated PPE to local nonprofits.

Responses from cities in CRMC service area to the community needs in FY21 to help alleviate pandemic-induced needs.

City of Chandler: In 2021, the Chandler CARES team has served over 1,300 households with identifying appropriate resources for their growing needs in response to COVID-19.

1. Accepted ERAP funds to support Rent & Utility assistance. As of September 11, 2021 we have given out $5.8 million to families in need.
2. Accepted funds from Maricopa County for Hotel Program to serve people experiencing homelessness in our community.
3. The City of Chandler, with help from For Our City - Chandler mobilized communications between nonprofits in Chandler to identify the biggest needs.
4. Chandler's Economic Development Team helped to implement the Choose Chandler Grants for PPE in March of 2020.

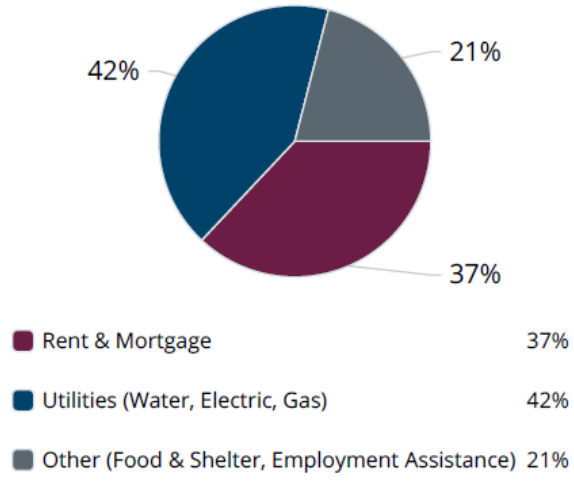
Chandler CARES Data from July 2021

Total Resident Contacts - 141
Agency Referrals - 111
Residents Contacted Year to Date - 1,230

Of Chandler Residents

Renters - 76
Homeowners - 15
Additional Housing Case Management - 30

Types of Assistance Requested



Outreach Efforts

Success Story:

The CARES Team was invited to Galveston Elementary and Frye Elementary for Meet the Teacher Night. The Team brought goodies to both events including candy, t-shirts, and resource guides. The attendees also had the opportunity to sign up to receive a personal call from a CARES team member to further discuss their situations. A total of 43 residents signed up and calls were made immediately the next day.

Through those calls, the Team was able to help connect residents with rental and utility assistance information, medical referrals, car repair referrals and children's school uniforms referrals. These events

were a great opportunity for Chandler CARES to speak with the community directly. Information provided by Rori Minor, Diversity, Equity & Inclusion Division, City Manager's Office.

Town of Gilbert

After a year of working through the pandemic, community non-profits serving the towns and cities within the Dignity Health East Valley service areas identified in April 2021 that there were still pressing needs of the community including the concern of the health and wellbeing of clients who are not able to receive services and that despite the vaccine, there is still a hesitancy to gather and this prevents people from seeking services. Melanie Dykstra, Volunteer and Community Resources Manager, Town Manager Department for Town of Gilbert explains that the Town of Gilbert had a similar focus in 2021 as in 2020. The community based non-profit organizations continued to focus on the highest needs such as:

1. **Emergency assistance:** Food banks and food boxes, utilities, rent, mortgage assistance, basic home needs, unemployment and job assistance.

2. **Safety:** Maintain safe environments at work, home, school and community with mask, hand sanitizer, social distancing, and limited gatherings.

3. **Physical health and mental health:** Impact of coronavirus and community spread, increased anxiety, depression, isolation, and suicidal ideation. Stress related to the impact of pandemic economically, socially, and physically, work environment, sick family members, home schooling, working from home and the unknown future.

4. **Community: Connection events**
    A. Town of Gilbert's Chamber of Commerce partnered with the town to host Business Recovery Roundtables.
    B. Dignity Health, Town of Gilbert, and Chamber of Commerce transitioned to the East Valley Resource Coalition to continue to connect non-profits and provide valuable information.
    C. Help Enable Local Pandemic Response (HELPR) volunteer coordinators across 14 church campuses continued assisting in coordinating volunteers respond to needs by residents and non- profits.
    D. Other activities implemented by the Town of Gilbert in response to the pandemic to support the community:
        i. Food drive coordinated by Town of Gilbert to benefit United Food Bank, Midwest Food Bank and local food pantries. They had 24 donation sites manned by volunteers; 61,167 lbs. of food collected and $12,308 in cash donation. This provided 112,512 meals to those in need.
        ii. Senior Vaccine Help Line
            1. Operated the Help Line for 5 weeks; *Closed on April 1, 2021*
            2. Received over 500 calls and helped four walk-ins.
            3. Assisted 150+ individuals with registration.
            4. Scheduled approximately 30 vaccine appointments and provided transportation information to about five callers.
            5. 15 volunteers donated a total of 340 hours valued at $9,248.
    E. In response to the pandemic the Town of Gilbert has been able to support the non-profit community with the following funding support:
        - CDBG-CV funds- $568,026 in supporting rent & utility assistance, Senior Meals & DV Advocacy.

- Arizona CARES Special Allocation- $2M supported 32 programs offering support to residents impacted by COVID.
- CDBG-CV3 funds- $1,125,188 for DV Services, Homeless Services, Eviction Prevention through Financial Assistance and Home Repairs.
- Treasury Funds- $7,731,561 for rent and utility assistance.
- Anticipate ~$1M to support non-profits with American Rescue Plan funds.

F. Town of Gilbert also supported the small business community with an allocation of $18 Million for relief business grants ($11 M), recovery business loans ($2.3M) and resiliency technical assistance support ($2M).

City of Mesa

Ruth M. Giese, Community Services Director, City of Mesa details the city response to the pandemic:

1. Dispersed $9.7 million (Mar-Dec 2020) in rental, utility, and mortgage assistance.
2. Worked with regional partners to provide housing and support services for those experiencing homelessness.
3. Conducted food distribution events with United Food Bank and Midwest Food Bank.
4. Implemented Adopt-A-Grandparent food box program.
5. Supported small business reemergence grants covering utilities and rent/mortgage.
6. Supported small business technical assistance program.
7. Supported K-12 students by providing 9400 laptops to study at home.
8. Conducted COVID 19 testing sites and vaccine clinics.

Town of Queen Creek

The Town continues to recommend compliance with the CDC guidelines. The Town's phased approach to reintegrate in-person services is available here. The Town is in Phase 3.

Through the Town's Small Business grant program, Queen Creek assisted 131 businesses with an average award amount of $4,121 dollars, totaling $539,885 for costs associated with purchasing personal protective equipment and enhancing cleaning and sanitization as a benefit to public health.

1. **Initiatives or resources concerning diversity and social justice:**

The new Queen Creek Police Department (functional in January 2022) will be conducting a 4 month training for all lateral employees to include de-escalation, bias-free policing, community engagement, use of force, mental health first aid and many other topics.

2. **Initiatives regarding homelessness and/or food insecurity:**

The Town has been actively participating in discussions and coordination with the Maricopa Association of Governments (MAG) regarding regional strategies to end homelessness. Final recommendations for the agencies and reviewing our individualized local profile (in development by MAG) will be available this fall.

3. **Initiatives focusing on mental health, behavioral health, physical health and safety:** Queen Creek Police Department will be fully functional in January 2022. We have 73 authorized positions for the department. All sworn staff and field personnel will be equipped with Body Worn Cameras.

There will be a 4-month training session for all laterals that have transitioned to QCPD. This includes training/refreshers on de-escalation, bias-free policing, community engagement, use-of-force, mental health first aid, and many other topics. QCPD is focused on cutting edge technology and will be launching programs/equipment including virtual reality training, self-reporting technology, early

intervention & incident tracking, officer GPS, and mobile computer aided dispatch. Information provided by Heather Wilkey, Intergovernmental Relations Manager.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

Health Need: Access to Care

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Patient Financial Assistance	Patient Financial Assistance Policy - Updated July 2021, FY22 Eligibility for financial assistance for scheduled procedures will be based in part on a patient's residence within the community as defined in the hospital's most recent community health needs assessment. This does not apply to urgent or emergent care needs.	☒	☒
School-based Healthcare	Chandler CARE Center - Dignity Health Children's Dental Clinic - Dignity Health Chandler Children's Medical Clinic - Food Bank - Women Infant and Children services (WIC) - Southwest Behavioral and Health Services - Family Assistance Dignity Health outreach programs (listed pg. 5)	☒ ☒ ☐	☒ ☒ ☒
Free and low-cost community-based health services	Mission of Mercy at Chandler First Church of the Nazarene 301 N Hartford St, Chandler and Christ the King Community Center 1616 E. Broadway Rd, Mesa (appointment only) Mobile primary care and medications for uninsured	☒	☒

	Heritage Center - Wellness, Education, and Resource Center hosts : - AZCEND - Family Resource Center - Women Infant and Children services (WIC) provide virtual assistance. Nutrition services for women, caregivers and infant/children under 5 yr. old, - Southwest Behavioral and Health Services - Community Assistance Program (CAP) Maricopa Family Advocacy Center crisis intervention services, empowers victims of violence and neglect through the collaboration of connected professionals Brighter Way Institute dental health program provided preventive procedures, orthodontia, dentures and implants to underserved children, adults, Veterans and homeless populations. Three clinic locations: Parsons Center for Pediatric Dentistry and Orthodontics (Phoenix) Brighter Way Institute (Phoenix) and Canyon State Academy Dental Center (Queen Creek) and a NEW Mobile Dental Unit.		
Homeless population	I-HELP: (Interfaith Homeless Emergency Lodging Program) 3 locations : AZCEND Chandler, TCAA Tempe and LSS-SW Mesa FANS Across America: provides basic living necessities homeless teenagers Freedom House: Hope for Addition (East Valley) program to house at-risk single moms and their kids in a safe home Circle the City: Respite, hospice, and case management House of Refuge: transitional housing and supportive services for families experiencing homelessness (Mesa) One Small Step's Clothes Cabin (Gilbert) provides school clothing to low-income children, work clothing for low-income people laundry, showers, and mail boxes for the homeless Save The Family (Mesa) equips families to address poverty to overcome homelessness and achieve self-sufficiency. Dignity Health Homeless Initiative providing medications, clothing, meals, transportation, and referrals to needed social services.	☒	☒

Transportation	Dignity Health Circulation/ LYFT transportation program takes uninsured and/or homeless qualified patients to physical address within 25 miles ELAINE makes transportation available to homeless people beyond what is covered by AHCCCS. 2 -1 -1 Senior Community Wellness program located in Chandler, Sun Lakes and Mesa provides volunteers to pick up enrolled community members and take them to medical and other appointments/ grocery store.	☒	☒
Access to healthcare information	- Chandler CARE Center - Heritage Center - Wellness, Education, & Resource Center. - AZCEND - FindHelpPhx.org / EncuentraAyudaPhx.org - 2 - 1 - 1 - Mesa Veterans Resource Center - Aris Foundation (Tempe) - NaviHealth Community Collaborative Network (CCN) Dignity Health Care Coordinators and Emergency Departments send referrals to Dignity Health programs and local community agencies. - Dignity Health East Valley outreach services. - Youth Mental Health Collective; Not My Kid provides education, a full continuum of life-saving prevention, early intervention, behavioral health treatment, and peer support. - Arizona Recovers: provides adults, teens and families with education about addition, mental health and trauma to create recovery. - I-HELP	☒	☒
Insurance eligibility, enrollment, and understanding bills	- AZCEND - Chandler CARE Center - I-HELP - Mesa Veterans Resource Center - Dignity Health Patient Finance policy - 2 - 1 -1	☒	☒
Continuum of care	- Mission of Mercy - FSL (ACTIVATE) Inpatient and post discharge navigation for high risk patients including veterans, uninsured and qualified elderly - Circle the City - Freedom House, Hope for Addition - Arizona Recovers	☒	☒

	- East Valley Perinatal Network: Women's Health Innovation, Hushabye Nursery & Hope Women's Center - NaviHealth - Dignity Health East Valley outreach services		
Access to healthy food	- Chandler CARE Center Food Bank and WIC - Matthew's Crossing Food Bank(Chandler) - Open Arms Care Center (Gilbert) - AZCEND (Chandler) - Father McGivney Food Bank (Queen Creek) - SNAP Double up bucks (Local farmers markets) - 2 - 1 -1 - Mesa & Apache Junction Salvation Army - Aris Foundation (Tempe)	☒	☒

Impact: Improved access to care, information, resources, and healthy food. Increased access will lead to reduced need for healthcare services, hospitalization and cost.

Collaboration: Local organizations and agencies outlined above and the Dignity Health outreach programs.

Health Need: Mental Health and Behavioral Health

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Improve education, awareness, referral, and resources to the community and professionals	Chandler/Gilbert Substance Misuse & Treatment Task Force: CCYSA created this collaborative effort of resources, education, community events and access to addiction treatment. Winged Hope: Assistance with recovery of child abuse or domestic violence and provide awareness and prevention to the community through advocacy centers. Youth Mental Health Collective ZERO Suicide: Arizona Recovers - connects Dignity Health patients at risk or who have attempted suicide, or has a drug addiction to an on-site/virtual peer to peer support, before they are discharged from the hospital and continues post discharge. Chandler I AM: offers hope, quality treatment, resources, and support for those affected by opioid addiction regardless of finance. Maricopa Family Advocacy Center ACTIVATE	☒	☒

	Mesa Prevention Alliance: empowering Mesa community members' health, wellness, and substance use awareness through education, advocacy and connection.		
Postpartum Depression and Perinatal Mood Disorder	- East Valley Perinatal Network: bedside / virtual consults to pregnant and new mothers. - Dignity Health East Valley outreach services: Prenatal Classes and Support Groups and 'Let's Talk' Perinatal Mood Disorder Therapy sessions.	☒	☒
Continuum of care	• Dignity Health East Valley outreach services • NaviHealth	☒	☒

Impact: Individuals and families will have improved and proactive access to education, resources, and referrals for addressing mental health and/or behavioral health concerns and needs in person and virtually. Additionally, community members, professionals, and faith community will have access to education and resources.

Collaboration: Dignity Health community outreach programs along with the City of Chandler, Town of Gilbert, Town of Queen Creek, and City of Mesa Police Department and community agencies that the critical, health needs with intent to improve education, resources, and reduce rates of mental health and behavioral health in our community.

Health Need: Diabetes

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Access to diabetes management and support	Mercy Gilbert Medical Center Outpatient Center for Diabetes Management classes for Type 1, Type 2, gestational diabetes, and insulin management and support. - Prediabetes and H.E.A.L series - Free community support groups	☒	☒
Access to Chronic Disease Self – Management	- Dignity Health Chronic Disease Self-Management Program workshops that include Chronic Disease Self-Management (CDSMP), Diabetes Self-Management (DSMP), Chronic Pain Self-Management (CPSMP) and Diabetes Empowerment Education Program (DEEP) - Dignity Health Community of Care grantees.	☒	☒
Access to healthy foods	- Chandler CARE Center Food Bank and WIC - Matthew's Crossing Food Bank(Chandler) - Open Arms Care Center (Gilbert)	☒	☒

	- AZCEND (Chandler) - Father McGivney Food Bank (Queen Creek) - SNAP Double up bucks (Local farmers markets) - 2 - 1 -1 - Mesa Salvation Army - Apache Junction Salvation Army - Aris Foundation (Tempe)		
Continuum of care	Dignity Health Community of Care Grantees	☒	☒

Impact: Improved nutrition, fitness, education, self-management, and quality of life. Anticipated impact includes reduction in hospitalization, readmission, and cost of healthcare.

Collaboration: Dignity Health Community of Care Grantees

Health Need: Breast Cancer

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Early detection, treatment, and/or resources and support for families	- Dignity Health Women's Imaging Center - Desert Cancer Foundation of Arizona - Ironwood Cancer and Research Center - Cancer Support Community Arizona	☒	☒
Education and support	- Ironwood Cancer and Research Center - Desert Cancer Foundation of Arizona - Cancer Support Community Arizona	☒	☒
Transportation, support, and access to resources	- Dignity Health Community of Care grantee: Senior Community Wellness Coalition - 2-1-1	☒	☒
Continuum of care	NaviHealth		

Impact: Improved education and awareness leading to increased prevention practices and access to resources and support.

Collaboration: Agencies funded through the Community of Care Grants Program and Cancer Support Community Arizona.

Health Need: : Injury Prevention

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Injury prevention education for children	- Chandler Regional Medical Center; Trauma Services Dept. Presentation at local schools, health fairs, stop the bleed, falls prevention, and concussion prevention. - Dignity Health outreach programs; Community Education Dept. - Chandler CARE Center programs - Child Crisis Arizona; Safe Kids program; injury prevention, water and bike safety.	☒	☒
Injury prevention for adults	- Safe at Home - Matter of Balance. - Dignity Health; Healthier Living program - Matter of Balance. - Chandler Regional Medical Center, Trauma Services Dept. - Matter of Balance - ACTIVATE - Oakwood Creative Care (Mesa); seniors care center that focuses on wellness and engaging life.	☒	☒
Continuum of care	NaviHealth	☒	☒

Impact: Reduction in injury or death as a result of improved education and safety practices.

Collaboration: Chandler Regional Medical Center, Trauma services, Dignity Health East Valley Community Grant recipients, Foundation for Senior Living/ACTIVATE, Care Coordination and Town of Gilbert/Gilbert Fire Department - Fall Prevention Program.

Health Need: Social Determinants of Health(SDOH); Focus on : Homelessness, Food Insecurity, and Transportation

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Dignity Health and community agencies providing **transportation**	- Dignity Health Circulation transportation program - Senior Community Wellness - 2 - 1 -1 - ELAINE	☒	☒
Community based organizations and Community of Care	- Chandler CARE Center Food Bank and WIC - Matthew's Crossing Food Bank(Chandler) - Open Arms Care Center (Gilbert) - AZCEND (Chandler)	☒	☒

Grantees providing **food**	- Father McGivney Food Bank (Queen Creek) - SNAP Double up bucks (Local farmers markets) - 2 - 1 -1 - Mesa & Apache Junction Salvation Army - Aris Foundation (Tempe)		
Community based organizations and Community of Care grantees proving **shelter**, transitional housing/permanent housing	- Freedom House and East Valley I-HELP - East Valley Perinatal Network; Hushabye Nursery - Paz De Cristo Homeless shelter, House of Refuge, Temporary and permanent housing - Chicanos Por La Causa manages 95 units of affordable multi-family housing and187 units of affordable mixed-use and mixed- income housing as part of a comprehensive revitalization for the City of Mesa. - Trellis - provides home ownership counseling, financial access, regardless of income, education or background across Arizona. - Save the Family (Mesa) uses a 3-tiered approach to the HFIP: Housing, Case Coordination and Supportive Services to assist homeless and impoverished families. - A New Leaf (Mesa) - House of Refuge (Mesa) - 2 - 1 -1	☒	☒
Dignity Health East Valley Care Coordination	Dignity Health Circulation transportation program. Dignity Health Homelessness Initiative- clothes, food, and transportation.	☒	☒

Impact: The hospital's initiatives to address and improve access to healthcare and needed services by addressing social determinants of health and underlying causes of health.

Collaboration: The hospital partners with local agencies that concentrate on transitional housing for adults and families, while also addressing the need of housing and recovery for adults and moms with newborns needing support.

Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY21, Chandler Regional Medical Center, Mercy Gilbert Medical Center and Arizona General Hospital - Mesa together awarded the grants below totaling $393,868.00. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Arizona Recovers	BRAVE Connections	$ 60, 000
CeCe's Hope Center	CeCe's Hope Center - Bridging the Gap in Services for Trafficking Survivors	$ 45,058
Tempe Community Action Agency (TCAA)	East Valley I-HELP Shelter Programs	$ 33,000
Women's Health Innovations of A	East Valley Perinatal Network	$ 39,810
Hope for Addiction	Freedom House Transitional Living Program for single moms and kids	$ 50,000
ICAN: Positive Programs for Youth	Partnership to Build Resilient Families	$ 33,000
Aster Aging Inc.	Safe at Home Community of Care	$ 33,000
About Care	Senior Community Wellness Coalition	$ 40,000
notMYKid	Youth Mental Health Collective	$ 60,000

Program Digests

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

Community Grants Program

Significant Health Needs Addressed	☒ Access to Care ☒ Mental Health and Behavioral Health ☒ Diabetes ☒ Breast Cancer ☒ Injury Prevention ☒ Social Determinants of Health (SDOH) - Food insecurity - Housing/Homelessness - Transportation

Program Description	The Community Grants Program awards grants to nonprofit organizations whose proposals respond to identified priorities in the hospital's Community Health Needs Assessment (CHNA) and initiative. Additionally, it is required that a minimum of three organizations work together in a Community of Care to address an identified health priority and in some capacity work with a local Dignity Health hospital, such as a hospital champion. The East Valley Community Grants Committee reads, evaluates, and scores the Full Proposals to determine the award recipient.
Community Benefit Category	E2- a Grants – Program grants
FY 2021 Report	
Program Goal / Anticipated Impact	Community of Care grantees address the hospital's identified health priorities from the CHNA and serve identified vulnerable or underserved populations, to help address health disparities through primary prevention, continuum of care, capacity building and collaboration. Through the community grants programs, the community-based organizations/agencies and hospital integrated programs can partner to reduce barriers associated with social determinants of health and improve access to education, intervention, disease management, treatment, and resources. The proposals addressing needs exacerbated or created by the coronavirus pandemic (including physical or mental health, and health-related social, economic and human needs) are encouraged and accepted, in addition to those addressing needs in a hospital's CHNA which serve identified vulnerable or underserved populations, to help address health disparities.
Measurable Objective(s) with Indicator(s)	100% of agencies awarded will address hospital health priorities 100% of the funding will align with Community Benefit Core Principles 100% of the agencies meet grant eligibility and criteria Through the committee, grantees progress will be monitored
Intervention Actions for Achieving Goal	Use the Dignity Health full proposal application, along with criteria, and eligibility. Monitor and support funded agencies through mid-year reporting, site visits and email, phone and in-person meetings for updates.
Collaboration	Dignity Health is a collaborative partner with each Community of Care, and associated agencies, to ensure success of the project.
Performance / Impact	East Valley Community Grants Committee awarded **$393,686** in FY21 The following Dignity Health Community of Care Grant projects were funded FY21: **Senior Community Wellness**: $40,000 provides transportation, support and case management for high risk seniors.

	East Valley I-HELP: $33,000 shelter, resources, and case management for homeless men and women. **Partnership to Build Resilient Families:** $33,000 education for at risk youth and parents for reduction in drug abuse. **Safe at Home**: $33,000 provide home repairs for high risk seniors to be safe at home, education for falls prevention, chronic disease and case management. **East Valley Perinatal Network**: $39,810 counseling, housing, and support to mothers and babies for perinatal mood disorder and drug addiction. **Freedom House**: $50,000 provides shelter and transition support for at-risk single moms and their families. **BRAVE Connections**: $60,000 address unmet health-related social needs of people who use drugs & link resources to people who are recently released from treatment and at highest risk for overdose/emergency care through a holistic approach. **Identification, Resources and Support for Survivors of Sex Trafficking- Women ages 18-24**:$45,058 connect survivors of sex trafficking to services, resources, support and therapeutic services, also educating the community and law enforcement about sex trafficking. **Youth Mental Health Collective**: $60,000 strives to reduce mental health crisis and suicide risk in youth, increase knowledge to access to care, education, life skills and peer to peer support.
Hospital's Contribution / Program Expense	$246,075 Chandler Regional Medical Center $134,015 Mercy Gilbert Medical Center $13,778 Arizona General Hospital - Mesa
FY 2022 Plan	
Program Goal / Anticipated Impact	Community of Care grantees will continue to address the hospital's identified health priorities from the Community Health Needs Assessment to help address health disparities, in addition to, addressing needs exacerbated or created by the coronavirus pandemic (including physical or mental health, and health-related social, economic and human needs) along with emphasis on advocacy, social justice and racial disparities, proposals that address social justice and/or racial disparities.
Measurable Objective(s) with Indicator(s)	100% of agencies awarded will address hospital health priorities. 100% of the funding will align with Community Benefit Core Principles. 100% of the agencies meet grant eligibility and criteria. Through the committee, grantees progress will be monitored.
Intervention Actions for Achieving Goal	Use the Dignity Health full proposal application, along with criteria, and eligibility. Monitor and support funded agencies through mid-year reporting, site visits and email, phone and in-person meetings for updates.

	Enroll the grantees in Dignity Health's Connected Community Network (CCN). By partnering directly with the hospital for social needs screening and referrals. This improved communication with hospital and community partners will significantly accomplish the managing of readmissions through closing social determinant gaps in care.
Planned Collaboration	Dignity Health is a collaborative partner with each Community of Care, and associated agencies, to ensure success of the project.

Center for Diabetes Management

Significant Health Needs Addressed	☐ Access to Care ☐ Mental Health and Behavioral Health ☒ Diabetes ☐ Breast Cancer ☐ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food Insecurity - Housing/Homelessness - Transportation
Program Description	Center for Diabetes Management (CDM) is an outpatient department of Mercy Gilbert Medical Center offering interactive diabetes self-management classes for people with prediabetes, Type 1 and Type 2 diabetes, and gestational diabetes. The center also offers the CDC Diabetes Prevention Program (DPP.) During the Coronavirus pandemic, we began offering all classes via Zoom in March 2020. Currently, classes for Type 2 diabetes only are available both in person and via Zoom. All other classes are via Zoom.
Community Benefit Category	A2 Community-based clinical services

FY 2021 Report

Program Goal / Anticipated Impact	To reach more people with diabetes and prediabetes by actively marketing Center for Diabetes Management to promote our services to patients, hospital staff and health care providers to achieve a 3% increase in patient volume. Coordinate with inpatient departments, care coordination, and nursing education to develop an effective system for referrals from inpatient to outpatient. CDM was receiving referrals through both (CCN) NaviHealth and in hospital at time of patient discharge through Dignity Health's electric medical record, Cerner.
Measurable Objective(s) with Indicator(s)	Number of patient encounters annually. Number of in-house referrals made from Cerner and NaviHealth.

	Number of community events.
Intervention Actions for Achieving Goal	COVID19 pandemic had a serious impact on operations for Center for Diabetes Management. The center closed to patient care in mid-March 2020 for several weeks. After that time, we gradually started adding virtual classes and individual patient visits via zoom. Patient volume has significantly declined. • Attended hospitalist meeting quarterly to provide tip sheet for placing orders and to encourage referral of appropriate patients. • Developed fliers separately targeting providers and patients, describing the benefits of the program and the availability of virtual classes. • Attended Dignity Health care coordination meeting to discuss Cerner order and the discontinuation of NaviHealth referral to Center for Diabetes Management. • Met regularly with the Dignity Health Strategic Planning Department to discuss opportunities to promote our service line. • Continued to work with the Professional Practice Council to promote utilization of the newly developed patient education materials to be used inpatient. • Began working with Dignity Health Global Education (DHGE) with the goal of developing high quality online education modules for both hospital staff and patients. • Rebranded the Prevent T2 program as H.E.A.L., (Healthy Eating, and Active Living) to encourage participation by all people interested in lifestyle changes, not just those with prediabetes.
Collaboration	Hosted three dietetic interns from various universities. Community events and health fairs were put on hold due to the pandemic.
Performance / Impact	• 3 percent increase in volume was not achieved. • 2021 year-end the patient satisfaction score was 96.65%. • 1019 unique patients attended education; 119 patients declined classes secondary to the cost. • 2552 total patient visits. • 18 individuals participated in the H.E.A.L series number 6 and 7. Patients are asked to write a testimonial at the end of the class series. We received many powerful, emotional responses on how the lifestyle program had positively impacted individuals. • 451 referrals through Cerner (an increase of 443% over FY20). • 87 referrals through NaviHealth. Use of NaviHealth has since been discontinued, as it did not prove to be a good source of referrals for CDM, as it was not a signed order.
Hospital's Contribution / Program Expense	Total expenses for the Center for Diabetes Management department: $478,206. CommonSpirit Health has restricted billing for telehealth, so much of the operational costs are being covered by the hospital.

FY 2022 Plan	
Program Goal / Anticipated Impact	• Reach more people with diabetes and prediabetes by actively marketing Center for Diabetes Management to promote our services to patients, hospital staff and health care providers, with an emphasis on marketing to outlying areas. • Assess effectiveness of educators by showing an increase in patient knowledge of key concepts taught in class through pre and post tests using Turning Technologies. • Explore ways to increase patient engagement during virtual classes. • Increase patient volumes by continuing to encourage internal referrals through Cerner by participating in a variety of interdisciplinary hospital groups to promote CDM. • Continue to collaborate with DHGE.
Measurable Objective(s) with Indicator(s)	Number of patient visits for the FY. Number of in-house referrals made through Cerner, as well as conversion to scheduled appointments. Percent of change in patient understanding of key concepts.
Intervention Actions for Achieving Goal	Work with new inpatient diabetes educator to promote diabetes education and build stronger connection to outpatient diabetes education services. Market CDM to providers through the Accountable Care Network. Newsletter and to DHMG providers. Expand the reach of the program by marketing to providers throughout the state, since distance is not a barrier now that virtual classes are available. Enhance the patient experience by incorporating interactive technology into the classes.
Planned Collaboration	Due to current social distancing requirements, there are no planned collaborations in the community at this time. CDM will continue to have dietetic interns rotate through our center.

First Teeth First

Significant Health Needs Addressed	☒ Access to Care ☐ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer ☐ Injury Prevention ☐ Social Determinants of Health (SDOH)

	- Food insecurity - Housing/Homelessness - Transportation
Program Description	First Teeth First provides oral health screening, education, fluoride varnish treatment, and care coordination to expectant women and children up to age 6 years. Additionally, the program provides best practice oral health education to dentists, pediatricians, and early childhood professionals. First Teeth First is funded primarily through First Things First (Arizona Early Childhood Development and Health Board). Chandler Regional Medical Center supports the program with administrative functions and funding of employee benefits.
Community Benefit Category	A2 Community based clinical services
FY 2021 Report	
Program Goal / Anticipated Impact	Decrease the number of children under age 6 with early childhood tooth decay and increase the number of children utilizing a dental home.
Measurable Objective(s) with Indicator(s)	Number of children receiving oral health screenings and fluoride varnish applications. Number of expectant women receiving oral health screenings. Number of presentations on oral health best practices.
Intervention Actions for Achieving Goal	1. Oral health education based on the most up-to-date evidence will be provided to expectant women and children up to age 6 years and their families. 2. Children up to age 6 years will be screened for oral health status and provided with fluoride varnish when appropriate. 3. All children receiving services will receive a toothbrush, toothpaste, floss, and educational materials. 4. Care coordination for establishment of a dental home will be provided when appropriate. 5. Clinics will be scheduled to occur at community locations including WIC centers, pediatric medical offices, child birth preparation classes and pregnancy support programs, community resource centers, and health fairs. 6. Bilingual staff will provide oral health education in Spanish when appropriate. Virtual language translation services will be available. 7. Medical providers and staff will be provided with strategies to identify children at risk for tooth decay and encourage establishment of a dental home by age one. 8. Staff at general dental practices will be provided with strategies for working with young children and developing the practice as a dental home for children beginning at age one.

Collaboration	Dignity Health has developed partnerships with WIC centers, community resource centers, child birth preparation and pregnancy support programs, pediatric offices, and childcare centers in the East Valley. Mesa Community College Dental Hygiene program first and second year dental hygiene students participate in First Teeth First clinics as part of their community clinic rotations.
Performance / Impact	2,772 children receiving oral health screenings. 61 expectant women receiving oral health screenings. 15 presentations on oral health best practices. Children and expectant mothers receiving oral health screenings also received care coordination services for establishment with a dental home when appropriate. The program impacted the population by preparing children for learning in school and reducing negative pregnancy outcomes linked to poor oral health.
Hospital's Contribution / Program Expense	First Teeth First received $332,827 in grant funding from First Things First. CRMC provided administrative support and employee benefits.
FY 2022 Plan	
Program Goal / Anticipated Impact	Dignity Health will work with Maricopa County Department of Public Health (MCDPH) to provide a coordinated approach to oral health prevention services in Maricopa County. First Teeth First will provide oral health education, oral health screening, fluoride varnish treatment, and care coordination for expectant women, and children up to age 6 years. First Teeth First will also provide outreach and training to medical and dental professionals who serve the target population. The program will decrease the number of children with early childhood tooth decay and the associated risks for pain and infections that can lead to lifelong complications to health and wellbeing.
Measurable Objective(s) with Indicator(s)	Number of children receiving oral health screenings& fluoride varnish applications. Number of expectant women receiving oral health screenings. Number of presentations on oral health best practices.
Intervention Actions for Achieving Goal	1. Oral health education based on the most up-to-date evidence will be provided to expectant women and children up to age 6 years and their families. 2. Children up to age 6 years will be screened for oral health status and provided with fluoride varnish when appropriate. 3. All children receiving services will receive a toothbrush, toothpaste, floss, and educational materials. 4. Care coordination for establishment of a dental home will be provided when appropriate.

	5. Clinics will be scheduled at community locations including WIC centers, pediatric medical offices, child birth preparation classes and pregnancy support programs, community resource centers, and health fairs. 6. Bilingual staff will provide oral health education in Spanish when appropriate. Virtual language translation services will be available. 7. Medical providers and staff will be provided with strategies to identify children at risk for tooth decay and encourage establishment of a dental home by age one. 8. Staff at general dental practices will be provided with strategies for working with young children and developing the practice as a dental home for children beginning at age one.
Planned Collaboration	Dignity Health will continue to develop additional partnerships with WIC centers, community resource centers, child birth preparation and pregnancy support programs, pediatric offices, childcare centers, in the East Valley. Mesa Community College Dental Hygiene program first and second year dental hygiene students will continue to participate in First Teeth First clinics as part of their community clinic rotations. Dignity Health will continue to partner with the MCDPH to deliver the First Teeth First program.

Children's Dental Clinics

Significant Health Needs Addressed	☒ Access to Care ☐ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer ☐ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food Insecurity - Housing/Homelessness - Transportation
Program Description	The Children's Dental Clinics utilize Affiliated Practice Dental Hygienists to provide comprehensive preventive dental care to low-income and uninsured children. Services include dental assessments, radiographic imaging, cleanings, sealants, fluoride varnish treatments, oral health education, nutrition guidance, and coordination of care. Located at a school-based health center and a family resource center, the clinics are perceived as safe-havens, where individuals can seek compassionate, culturally sensitive care. The bilingual promotoras work with families to complete risk assessments and goal setting for behavior change to improve oral health. The community oral health liaison

	strengthens community connections by providing oral health education and supplies to children, families, and expectant women at community locations. The clinics are grant-funded with additional financial and operational support from CRMC, Mercy Gilbert Medical Center (MGMC) and the Dignity Health East Valley Foundation.
Community Benefit Category	A2 Community based clinical services
FY 2021 Report	
Program Goal / Anticipated Impact	Improve oral health and prevent dental disease in children ages 0 to 21.
Measurable Objective(s) with Indicator(s)	1. Number of children receiving full preventive dental services. 2. Percent of patients with “no new decay” at subsequent appointments. 3. Number of children and parents who received oral health education.
Intervention Actions for Achieving Goal	The Dignity Health Children’s Dental Clinics provide education and clinical prevention services to address oral health disparities. Reduced plaque scores and decreased occurrences of decay were tracked to indicate children incorporating healthy oral health habits at home. These behavior changes, along with restorative care to alleviate pain, have long lasting impacts on children. Better nutrition and sleep lead to decreased absenteeism and increased attention in school. A positive dental experience for children increases the likelihood of continuing regular dental care which will carry into adulthood.
Collaboration	Both of the Children’s Dental Clinics rely on collaborations to improve access to care and continuum of care. The clinic at the Chandler CARE Center, collaborates with the Chandler Unified School District and Chandler Education Foundation. Volunteer dentists and the St. Vincent de Paul Dental Clinic provide restorative dental services at the same location, providing a direct link to additional services for patients. The clinic at the Gilbert Heritage Center is a program in collaboration with the Town of Gilbert and AZCEND. After receiving preventive care, children are referred to the Arizona School of Dentistry & Oral Health or private local dental practices. Children in urgent need of restorative care with no means to pay are referred to partnering dentists who have agreed to provide low cost care to a limited number of children. Dental hygiene students from Mesa Community and Rio Salado College Dental Hygiene programs have regular rotations through both clinics. The students gain community and public health dental experience and increase the capacity of the clinic, enabling more children to be seen.

Performance / Impact	881 children received full preventive dental services at 1,815 appointments. 80% patients had “no new decay” at subsequent clinic appointments. 1,762 children and parents received oral health education in the clinic and the community.
Hospital’s Contribution / Program Expense	Total program expenses were $365,858.74. Grant contributions totaled $261,915.53. The remaining $119,677.24 was contributed by Dignity Health East Valley Foundation and CRMC.
FY 2022 Plan	
Program Goal / Anticipated Impact	The Children’s Dental Clinic will improve the oral health of children ages 0 to 21 by reducing barriers to care, providing preventive dental services, improving oral health behaviors, and increasing awareness of the importance of oral health..
Measurable Objective(s) with Indicator(s)	Number of children receiving full preventive dental services. Percent of patients with “no new decay” at subsequent appointments. Number of children and parents who received oral health education.
Intervention Actions for Achieving Goal	1. Provide preventive dental health services including dental assessments, professional cleanings, radiographic imaging, sealants, fluoride varnish treatments, oral health education, nutrition guidance, and care coordination. 2. Provide referrals and care coordination for children in need of restorative dental care. 3. Increase awareness and improve children’s oral and overall health through education for children and parents. 4. Provide dental supplies to children at the clinic and in the community.
Planned Collaboration	Both of the Children’s Dental Clinics will continue to rely on collaborations to improve access to care and continuum of care. The clinic at the Chandler CARE Center collaborates with the Chandler Unified School District and Chandler Education Foundation. Volunteer dentists and the St. Vincent de Paul Dental Clinic provide restorative dental services at the same location, providing a direct link to additional services for patients. The clinic at the Gilbert Heritage Center, is a program in collaboration with the Town of Gilbert and AZCEND. After receiving preventive care, children are referred to the Arizona School of Dentistry & Oral Health or private local dental practices. Children in urgent need of restorative care with no means to pay are referred to partnering dentists who have agreed to provide low cost care to a limited number of children. Dental hygiene students from Mesa Community and Rio Salado College Dental Hygiene programs have regular rotations through the Chandler dental clinic. The students gain

	community and public health dental experience and increase the capacity of the clinic, enabling more children to be seen.

Healthier Living

Significant Health Needs Addressed	☒ Access to Care ☒ Mental Health and Behavioral Health ☒ Diabetes ☐ Breast Cancer ☒ Injury Prevention ☒ Social Determinants of Health (SDOH) - Food insecurity - Housing/Homelessness - Transportation
Program Description	Healthier Living is an evidence-based program comprised of 6 workshops originally developed by Stanford University, University of Illinois at Chicago, and Boston University. The 6-8 week virtual and in-person workshops are offered 100% free throughout the east valley community and help participants with chronic conditions, diabetes, chronic pain, or fall risk, to self-manage their conditions. The senior and low income populations are specifically targeted. The hospital's role is to provide financial support through the East Valley Foundation and to refer patients to appropriate workshops.
Community Benefit Category	A1-a Community Health Education - Lectures/Workshop

FY 2021 Report

Program Goal / Anticipated Impact	Delivered quality in-person and virtual Chronic Disease, Diabetes, Chronic Pain and Balance/Fall Prevention workshops to diverse East Valley community participants, improving their overall health, ability to manage their chronic conditions, and reducing their risk of falls, resulting in a decrease in hospitalizations and ER visits, thus reducing healthcare costs.
Measurable Objective(s) with Indicator(s)	1. Deliver 25 virtual and in-person workshops. 2. Serve 300 program participants. 3. 50% of workshops serve the senior population. 4. 10% of workshops serve the homeless/low income population. 5. Add new, engaged community partners and retain existing partners. 6. Data analytics measure program impact, program efficacy, and reach.

Intervention Actions for Achieving Goal	1. Promoted and delivered quality in-person and virtual "full service" Healthier Living program workshops to community partners. 2. Delivered workshops in accordance with all fidelity requirements. 3. Continually balanced virtual and in-person workshop offerings. 4. Strategically seeked engaged, committed, community/hospital partners. 5. Recruited, trained, and retained excellent workshop facilitators. 6. Retained relationships and financial support with funding partners.
Collaboration	Major community partners include: AZCEND, Pyle Adult Recreation Center, Cal-Am Resorts, St. Mary's, Parish, Leisure world, Maricopa County Library System, Mesa Public Schools, City of Mesa, Solera Chandler, Clarendale of Chandler. Major cost sharing/Funding partners include: Maricopa County, Area Agency on Aging, Region One and Dignity Health East Valley Foundation. Hospital partners include: CRMC/MGMC Volunteer Services, CRMC Trauma Services.
Performance / Impact	1. Delivered 17 community workshops (pandemic disruption of goal). 2. Served 253 workshop participants (pandemic disruption of goal). 3. 47% of workshops served the senior population. 4. 18% of workshops served the homeless/low income population. 5. Added 2 new community partnerships resulting in workshops. 6. 93% of participants reported workshop program satisfaction. 7. Participants reported general health improved pre to post workshop.
Hospital's Contribution / Program Expense	Foundation contribution: $108,963.71 toward Program Manager and Program Coordinator salaries and benefits. Program expense: $139,565.75.
FY 2022 Plan	
Program Goal / Anticipated Impact	Deliver quality in-person and virtual Chronic Disease, Diabetes, Chronic Pain and Balance/Fall Prevention workshops to diverse East Valley community participants, improving their overall health, ability to manage their chronic conditions, and reducing their risk of falls, resulting in a decrease in hospitalizations and ER visits, thus reducing healthcare costs.
Measurable Objective(s) with Indicator(s)	1. Deliver 25 virtual and in-person workshops. 2. Serve 375 program participants and 50% of workshops serve the senior population. 3. 15% of workshops serve the homeless/low income population. 4. New and existing community partners are engaged and satisfied. 5. Data analytics measure program impact, program efficacy, and reach.
Intervention Actions for Achieving Goal	1. Deliver quality in-person and virtual "full service" Healthier Living program workshops to community partners.

	2. Deliver workshops in accordance with all fidelity/license requirements and balance virtual and in-person workshop offerings to maximize reach. 3. Strategically seek engaged, committed, community/hospital partners. 4. Recruit and retain excellent workshop facilitators; meet compliance.
Planned Collaboration	Major community partners include: AZCEND, Mercy Housing, Cal-Am, St. Mary's Parish, Leisure world, Trilogy, MCCC, Mesa Public Schools, City of Mesa, Solera, Clarendale, Gilbert Museum, and Venture Out Mesa. Major cost sharing/Funding partners include: Maricopa County, Area Agency on Aging, Region One and Dignity Health East Valley Foundation. Hospital partners include: CRMC/MGMC Volunteer Services, CRMC Trauma Department

Pregnancy and Postpartum Support Group & Let's Talk Therapy Group

Significant Health Needs Addressed	☒ Access to Care ☒ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer ☐ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food Insecurity - Housing/Homelessness - Transportation
Program Description	Approximately one in seven women, and one in 10 men, will experience a perinatal mood disorder. The Pregnancy and Postpartum Support Group (PPSG) is a peer based support group that provides a safe, judgement-free place to connect with other moms in similar stages of life and experiencing similar challenges. This is a free drop-in group that currently meets twice weekly. Let's Talk is a closed perinatal therapeutic group that meets for six weeks and is led by a licensed therapist specializing in perinatal mental health. This free group meets for two hours per week for six weeks with the same group of moms.
Community Benefit Category	A1 - d Community Health Education - Support Groups
FY 2021 Report	
Program Goal / Anticipated Impact	To provide pregnant and postpartum mothers (and their partner) services and resources as it relates to perinatal mental health. Due to the impact of COVID-19 and a subsequent increase in isolation, anxiety and depression, a second PPSG was started to meet community

	need. Let's Talk was offered six times during the 2021. All programs were offered via an online platform.
Measurable Objective(s) with Indicator(s)	1. PPSG offered semi-structured support twice per week and referred to Let's Talk and/or other appropriate resources as appropriate. At this time the support group continues to be offered twice a week and attendance monitored for continued need. Participants report improved success navigating emotional adjustment issues, resources and treatment options, and a sense of community for themselves. 2. Let's Talk administered a program evaluation at the completion of the six- week series. Edinburgh Postnatal Depression Scale (EPDS) was administered pre and post sessions with an anticipated self-report of at least a 50% decrease in symptoms and/or procurement of additional professional support and resources outside of Let's Talk. Data analytics measure program impact, program efficacy, and reach.
Intervention Actions for Achieving Goal	Both programs were marketed on hospital website, NaviHealth, physician offices, and at hospitals. Information on both offerings was provided during other department programs for community members.
Collaboration	Dignity Health partnered with Women's Health Innovations of Arizona (WHI) four years ago to provide the six-week therapeutic program, Let's Talk. WHI is a 501(c) (3) organization and the therapists considered experts in their field providing a variety of services to families within the community struggling with perinatal mental health. Collaboration with WHI continued throughout 2021. The program received a grant from Mercy Care to fund Let's Talk and was able to schedule and run six sessions throughout 2021. Our programs remain a model for CommonSpirit Health. The department continues to provide support as needed to other CommonSpirit Health facilities developing support groups and providing the service online.
Performance / Impact	The PPSG served 625 clients in 2021. Resources and referrals were provided when appropriate. Participants consistently reported improved success navigating emotional adjustment issues, resources and treatment options, and a sense of community for themselves. Let's Talk served 48 clients in 2021. Program evaluations were excellent. Client outcomes were measured through pre and post session administration of the Edinburgh Postnatal Depression Scale (EPDS). The EPDS is a 10-question self-rating scale that has been proven to accurately identify clients at risk for perinatal depression. A score of 10 or greater indicates there is a likelihood of depression. The average score pre session was 11.93. We observed a 2.82 point drop to an average of 9.11 in the post session scores. It is interesting to note with

	sessions offered prior to the Covid-19 pandemic, a substantially greater decrease in post session scores was often observed.
Hospital's Contribution / Program Expense	For the PPSG two coordinators and/or a department volunteer co-facilitate each week. Time spent facilitating on average is two hours per support group and the coordinator salary was covered by Dignity Health. For the Let's Talk program all expenses this FY were paid by Mercy Care. Total expenditures per six week session were $1,934.40. This covered three hours per week for the Dignity Health program coordinator to assist with administrative duties and provide support during the weekly sessions, two hours for paperwork and documentation of data following the final session, and $1,200 for therapist fee.
FY 2022 Plan	
Program Goal / Anticipated Impact	Ultimate goal of both the PPSG and Let's Talk is to provide pregnant and postpartum mothers (and their partner) services and resources as it relates to perinatal mental health. Due to current community spread of Covid-19 and the increasing incidence of the Delta variant, the programs will continue to be offered online in 2022 until in-person meetings are deemed to be a safe option. The support and therapy received in these programs will facilitate a decrease in the severity of perinatal mood disorders and isolation for the community members we serve.
Measurable Objective(s) with Indicator(s)	1. PPSG continue to offer semi-structured support at least once per week and refer to Let's Talk and/or other appropriate resources as appropriate. At this time the support group continues to be offered twice a week and attendance will be monitored for continued need. Participants will report success navigating emotional adjustment issues, resources and treatment options, and a sense of community for themselves. 2. Let's Talk will administer a program evaluation at the completion of the six-week series. The EPDS will be administered pre and post sessions with an anticipated self-report demonstrating a decrease in symptoms and/or procurement of additional professional support and resources outside of Let's Talk. A self-reporting client survey will also be offered this FY.
Intervention Actions for Achieving Goal	Continue to market both programs on hospital website, NaviHealth, physician offices, and at hospitals. Provide information on both offerings during other department programs for community members.
Planned Collaboration	Collaboration with WHI will continue throughout 2022. The department has submitted a grant proposal to Mercy Care for continued funding to cover all expenditures for Let's Talk 2022 sessions. We have scheduled six sessions for the upcoming FY.

	Our programs remain a model for CommonSpirit Health. The department continues to provide support as needed to other CommonSpirit Health facilities developing support groups and providing the service online.

Yoga of the Heart

Significant Health Needs Addressed	☒ Access to Care ☒ Mental Health and Behavioral Health ☒ Diabetes ☐ Breast Cancer ☐ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food Insecurity - Housing/Homelessness - Transportation
Program Description	Heart disease is the leading cause of death among women. It is important to recognize that 80% of cardiac risk is preventable through lifestyle choices. Yoga of the Heart is a weekly yoga practice consisting of breathing exercises, meditation, postures that improve balance and increase flexibility as well as overall strengthening of the body. Routine Yoga practice has been scientifically proven to lower blood pressure, decrease blood cholesterol and blood glucose levels as well as lowering heart rate making it a useful lifestyle tool for staying healthy. This class will empower women to make their health a priority through self-care and self-love. Classes are currently held via Zoom online for women ages 18-80 and are led by a Cardiac Care Yoga Specialist.
Community Benefit Category	A1e Community Health Education – Self Help

FY 2021 Report

Program Goal / Anticipated Impact	Through weekly participation in the practice, Yoga of the Heart, women will lower their risk of cardiovascular disease by lowering the high risk conditions specific to women: anxiety, depression, and chronic stress.
Measurable Objective(s) with Indicator(s)	1. After completion of the class each member participated in a verbal survey conducted by the class instructor that requests feedback on any changes in mood and/or any changes in overall health. 2. Participation remained sustainable in the live online platform via Zoom during the COVID-19 pandemic. - Yoga of the Heart provided 51 weekly classes - Yoga of the Heart served 506 online participants

Intervention Actions for Achieving Goal	1. Continued to offer weekly yoga classes online via Zoom. 2. Looked at the possibility of collaborating with community partners and within Dignity Health. 3. Submitted AZ Foundation Women's Health Grant for the possibility of expanding current Yoga of the Heart program to offer an additional weekly class.
Collaboration	1. Partnered with the Dr. Rachel Bond, director of the Women's Heart Health program for Dignity Health to lead a Yoga of the Heart practice via Zoom to the Women Heart Organization support group, a national organization serving women with heart disease. 2. Partnered with the Dr. Rachel Bond, director of the Women's Heart Health program for Dignity Health during the national Go Red campaign to lead a free Yoga of the Heart yoga practice class to all women in the community to promote awareness.
Performance / Impact	1. Weekly class attendance has remained steady through FY21, despite the impacts of COVID 19. <u>Participants in FY21</u> Yoga of the Heart online 51 weekly classes in FY21 Yoga of the Heart served 506 participants online in FY21 2. Post class verbal survey indicates 99% of the participants felt less stressed after weekly practice.
Hospital's Contribution / Program Expense	Dignity Health East Valley Community Education provides the instruction hours. Program expense FY21 $38,319.
FY 2022 Plan	
Program Goal / Anticipated Impact	Through weekly participation in the practice, Yoga of the Heart, women will lower their risk of cardiovascular disease by lowering the high risk conditions specific to women: anxiety, depression, and chronic stress.
Measurable Objective(s) with Indicator(s)	1. The need for the class will be demonstrated, by way of weekly participant tracking, as remaining within + or – 10 participants. 2. A comprehensive evaluation will be conducted through pre/post interviews, pre/post surveys, and small focus groups. These evaluations will be given during first yoga class and assessed quarterly during the duration of the year and will measure improvements in flexibility, improvements in quality of life including: state of anxiety and depression, and self-rated quality of sleep. 3. The evaluation process will assess the change in positive health outcomes as they relate to blood pressure measurements.
Intervention Actions for Achieving Goal	1. Continue to offer weekly yoga classes: online via Zoom and offer in person classes when safe to return in person. 2. Look at the possibility of collaborating with community partners and within Dignity Health and continue to seek grant possibilities at local and state levels for additional program collaboration and sustainability.

	4. Market the program within Dignity Health and within the community.
Planned Collaboration	1. Continue to partner with the Dr. Rachel Bond, director of the Women's Heart Health program for Dignity Health, to lead a Yoga of the Heart practice via Zoom to the Women Heart Organization support group and to the community during the Go Red campaign. 2. Partner with Dignity Health East Valley Foundation – Stroke Survivors Support Group.

Mommy Fit Camps

Significant Health Needs Addressed	☒ Access to Care ☒ Mental Health and Behavioral Health ☒ Diabetes ☐ Breast Cancer ☐ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food Insecurity - Housing/Homelessness - Transportation
Program Description	Obesity continues to rise and has significantly increased among women in the childbearing age range and perinatal women. Maternal obesity can lead to a variety of pregnancy and birth complications as well as future health complications. Mommy Fit Camps is a preventive program that offers free pregnancy and postpartum fitness classes. Classes are currently held via Zoom online platform and led by a CAPPA Certified Pregnancy Fitness Educator. Classes are geared for two populations: pregnant moms and post-partum moms & their babies. Each class is at a low to moderate pace and can be modified to each individual's fitness level. Exercising during pregnancy and postpartum reduces general perinatal discomforts, reduces the risk for gestational diabetes, lowers the incidence of perinatal mental health disorders, and decreases the likelihood of future challenges related to obesity and other chronic diseases.
Community Benefit Category	A1e Community Health Education – Self Help
FY 2021 Report	
Program Goal / Anticipated Impact	Contribute to improving birth outcomes, improve maternal future health outcomes, increased physical activity, and reduction in Body Mass Index.

Measurable Objective(s) with Indicator(s)	1. After completion of class, each participant received a verbal survey that requested feedback on any change in mood and/or any change in overall health. Verbal survey is conducted by the class instructor. 2. Participation remained sustainable as platform switched to live online classes via Zoom during the COVID 19 pandemic. This indicated the need to support the community's participation from home. - Due to the pandemic and going into an online format the pregnancy & postpartum fitness was combined into one class per week. - Combined Pregnancy & Postpartum Fit Camp online 49 weekly classes in FY21. - Combined Pregnancy & Postpartum Fit Camp served 357 participants online in FY21.
Intervention Actions for Achieving Goal	1. Continue to offer weekly fitness classes: one pregnancy fit camp per week and one postpartum mom and baby fit camp per week when safe to return in person. 2. Offer one combined pregnancy & postpartum class online via Zoom. 3. Look at the possibility of collaborating with community partners.
Collaboration	Partnered with the March of Dimes, to lead the stretch for the annual March for Babies on April 11, 2021. Event was cancelled and moved online due to Covid-19.
Performance / Impact	Weekly class attendance has remained steady through FY21, despite the impacts of COVID 19. <u>Participants in FY21</u> Combined Pregnancy & Postpartum Fit Camp online 49 weekly classes in FY21. Combined Pregnancy & Postpartum Fit Camp served 357 participants online in FY21. Post class verbal survey indicates 99 % of moms continue with a regular exercise routine outside of weekly fit camps. Post class verbal survey indicates 95% of moms are motivated to incorporate healthy eating and long term healthy lifestyle changes into their daily routines.
Hospital's Contribution / Program Expense	Dignity Health East Valley Community Education provides the instruction hours. Program expense FY21 $18,531.
FY 2022 Plan	
Program Goal / Anticipated Impact	Contribute to improved birth outcomes, increases in physical activity, and reduction in Body Mass Index. Lower mom's risk of postpartum anxiety and depression.
Measurable Objective(s) with Indicator(s)	1. Continue to measure the need for the class and measure the objectives through weekly participation tracking.

	2. Verbally survey class participants on short term and long term behavior changes. 3. Collect participant testimonials based off class impact on long-term behavior changes.
Intervention Actions for Achieving Goal	1. Continue to offer one weekly fitness class: for pregnant and postpartum moms via Zoom, with a goal to return to in person classes. As the program may remain virtual through part of FY22, continue to monitor for the best class offering option. 2. Look at the possibility of collaborating with community partners.
Planned Collaboration	1. Partner with the March of Dimes, to lead the stretch for the annual March for Babies walk. 2. Women's Health Initiative, support cross marketing of services, work toward integrating a few fit camps during WHI special events. 3. Market the programs and class information with the OB community. 4. Mom Docs and OB office promotion of program services. 5. Continue to seek local and state grants for additional program collaboration.

Immunization Program

Significant Health Needs Addressed	☒ Access to Care ☐ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer ☐ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food Insecurity - Housing/Homelessness - Transportation
Program Description	Children and adult vaccine program provides free immunizations (vaccines provided through the State Vaccines for Children program (SVCP)) for children 18 years and younger who are uninsured, underinsured, on AHCCCS, or American Indian or Alaskan Native and offers free adult immunizations (vaccines provided through the SVCP) for people 19 years and older who are uninsured or underinsured. Free clinics are held at the CRMC Licensed Outpatient Treatment Center at the Chandler CARE Center and at mobile sites in partnership with Maricopa County Department of Health Services throughout the service areas. Dignity Health provides staffing, supplies and flu vaccine for the clinics.

Community Benefit Category	A2-d Community-Based Clinical Services - Immunizations/Screenings
FY 2021 Report	
Program Goal / Anticipated Impact	Administered vaccinations to children and adults seeking immunization with emphasis on medically underserved communities and families while providing education and awareness on the importance of immunizations. Continued Covid-19 compliant clinics as requested by the CDC to help maintain childhood immunization rates in our community. Maintained accurate and regulatory compliant data collection and entry of the data into the state immunization database (ASIIS). Ongoing evaluation of current contracts/partnerships. Increased client base through informational marketing. Did not seek grant and donated funds to offset cost of program.
Measurable Objective(s) with Indicator(s)	Impact was measured through clinic information entered into a data base as well as reports run from ASIIS and Lawson reports. The community outreach nurse maintained records of her contacts and results. 1. Number of immunization clinics for children and adults. 2. Number of people immunized: children and adults. 3. Monitor and track revenue and pharmaceutical costs. 4. Percentage of state data entered and up to date by June 30, 2021.
Intervention Actions for Achieving Goal	1. Use the CDC guidelines to safely provide Covid-19 compliant immunization clinics. 2. Seeking grants and funds to help offset costs not covered by Federal government. 3. Continue marketing to the community to increase our vaccination rates and the continued efforts to eradicate communicable vaccine preventable diseases.
Collaboration	Chandler Unified School District (CUSD), Chandler Care Center, VFC, VFA, ASIIS, Town of Gilbert, Gilbert Heritage Center, AZCEND, Maricopa County Department of Public Health, Tempe School District and Arizona Partnership for Immunization.
Performance / Impact	Number of immunization clinics for children and adults – 68. Number of people vaccinated: children and adults – 3102. Monitor and track revenue and pharmaceutical costs – Revenue $1,878/Pharmacy $25,441. Percentage of ASIIS data entered and up to date by June 30,2021 100%,
Hospital's Contribution / Program Expense	Staff salaries and benefits $241,185 Program expenses $12,787. Pharmacy $25,441.
FY 2022 Plan	
Program Goal / Anticipated Impact	Supply Covid-19 compliant clinics as requested by the CDC to help maintain childhood immunization rates in our community and administer

	vaccinations to children and adults with emphasis on medically underserved communities and families while providing education and awareness on the importance of immunizations.
Measurable Objective(s) with Indicator(s)	1. Number of immunization clinics for children and adults 2. Number of people screened: children and adults 3. Number of flu only clinics 4. Monitor and track revenue and pharmaceutical costs 5. Percentage of ASIIS data entered and up to date 6. Number of partners
Intervention Actions for Achieving Goal	1. Use the CDC guidelines to safely open Covid compliant immunization clinics. 2. Seeking grants and funds to help offset costs not covered by Federal government. 3. Continue marketing to the community to increase our vaccination rates and the continued efforts to eradicate communicable vaccine preventable diseases.
Planned Collaboration	Renew contract with Maricopa County Department of Public Health to give flu shots to VFC patients and uninsured or underinsured patients.

Building Blocks

Significant Health Needs Addressed	☒ Access to Care ☐ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer ☒ Injury Prevention ☒ Social Determinants of Health (SDOH) - Food insecurity - Housing/Homelessness - Transportation
Program Description	Building Blocks is a Community Wellness grant-funded program offering services to help prepare underserved children for school and low income/homeless adults receive vision services. The vision and hearing screening is a portable program serving children up to age 18 years and eligible adults. The clinics are located in service areas identified in the CHNA. A referral to free or discounted follow-up services is closely monitored to ensure patient and family needs are met.
Community Benefit Category	A2 Community-based clinical services

FY 2021 Report

Program Goal / Anticipated Impact	To provide vision screening, service referral, case management and education to the population of adults experiencing insecure-housing. To provide vision and hearing screening to newborn up to18 years in the Dignity Health service areas, identifying those children requiring intervention and referral and ensuring that each child requiring intervention receives referral and case management in a timely manner.
Measurable Objective(s) with Indicator(s)	• 91 clinics provided • 912 children screened (09/2020-06/2021) /80 adults screened (02/2021–06/2021) • 564 children and families educated (09/2020-06/2021) / 45 adults educated (02/2021–06/2021) • 2 grants received • 18 partners • 191 children referrals (09/2020-06/2021) /45 adult referrals (02/2021–06/2021)
Intervention Actions for Achieving Goal	The Covid-19 pandemic CDC based protocols were in place to open our clinics beginning September 2021. Our collaborations resumed with the Chandler Care Center and the Gilbert Heritage Center providing weekly clinics and monthly clinics at Gilbert Family Birthing Center. Services resumed in November 2020 at Dobson Academy charter school. Dignity Health Foundation East Valley funding was received supporting the promotora case management and homeless adult coordinator position. Partnerships were established to provide vision services for adults with low income /homeless. Power of the Purse awarded funding for glasses and vision screening for low income /homeless patients which was on hiatus until February 2021 until the return of our vision care partners.
Collaboration	City of Chandler, Chandler CARE Center, Vision Quest 2020, HEARS for Children, Ear Foundation of Arizona, The Gilbert Family Birthing Center, AZDHS Office of Newborn Hearing Screening, Phoenix Children's Hospital, Dobson Academy, the Town of Gilbert Heritage Center, AZCEND, Dr. Wine; Optometrist and Sight on Site Mobile Eye Care.
Performance / Impact	The program goals were met despite not starting clinics until August and using an appointment system to support social distancing. The adult vision screening clinics for the homeless people participating in AZCEND's program resumed in February 2021. The adults were examined by the vision professionals at free or reduced cost. Glasses were provided using Power of the Purse funds or donated by Dr. Wine or the Sight on Site mobile vision care program. Each participant was case managed until the process was completed.

Hospital's Contribution / Program Expense	Grant funding contributions by City of Chandler & Power of the Purse Dr. Wine donation. Sight on Site reduced cost supplies. Dignity Health Foundation funded $7,176. Employee benefits are paid by Dignity Health $15,447.
FY 2022 Plan	
Program Goal / Anticipated Impact	Adhering to CDC and hospital guidelines, vision screening, referral, case management and education will be provided to the population of adults experiencing unstable housing/homelessness with AZCEND and along with another homeless rehab program to be determined. Vision and hearing screening and education will be provided for children from newborn to 18 yr. old in the Dignity Health service areas. Children and adults requiring intervention will receive referral, care and case management in a timely manner.
Measurable Objective(s) with Indicator(s)	1. Number of clinics provided 2. Number of children screened 3. Number of children educated 4. Number of adults screened 5. Number of adults educated 6. Number of grants submitted/ awarded 7. Number of partners 8. Number of referrals 9. Number of services provided to children or adults
Intervention Actions for Achieving Goal	Continue collaboration with Chandler CARE Center, Gilbert Family Birthing Center and Gilbert Heritage Center. Seek to resume partnerships with select preschools and continue Dobson Academy charter school. Seek new partnerships with the home schooled and home day care communities. Collaboration with all partners providing grants and funds will continue and awarded funds will be used as designated as long as clinics are open.
Planned Collaboration	City of Chandler, Chandler CARE Center, Vision Quest 2020, HEARS for Children, Ear Foundation of Arizona, The Gilbert Family Birthing Center, AZDHS Office of Newborn Hearing Screening, Phoenix Children's Hospital, Dobson Academy, the Town of Gilbert Heritage Center, AZCEND, Dr. Wine; Optometrist and Sight on Site Mobile Eye Care.

Cardio-Cerebral Resuscitation (CCR) / Walk with a Doc / Distracted Diving

Significant Health Needs Addressed	☐ Access to Care ☐ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer ☒ Injury Prevention ☐ Social Determinants of Health (SDOH)

	- Food Insecurity - Housing/Homelessness - Transportation
Program Description	**Program (1) CCR** - - Layperson compression resuscitation life-saving education. **Program (2) Walk with a Doc** - Physician led walking program is a community based education program that incorporates education on different senior health topics. CRMC physicians go out into the community of Sun Lakes to promote exercise and a healthy lifestyle. **Program (3) Distracted Driving program** Distracted and impaired driving prevention/education.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops
FY 2021 Report	
Program Goal / Anticipated Impact	**Program (1) CCR** - Provide hands only compression resuscitation education in the community to save lives in the event of cardiac arrest. **Program (2) Walk with a Doc** Provide increased physical activity keeping seniors active and mobile to limit the risk of falls and injury. **Program (3) Distracted Driving program** Provide distracted/impaired driving education with the use of simulation goggles and group participation sessions.
Measurable Objective(s) with Indicator(s)	**Program (1) CCR** - Collaborate with community partners to educate 500 people. **Program (2) Walk with a Doc** Pre/Post Surveys. Increase participants **Program (3) Distracted Driving program**-Expand the curriculum and utilize the distracted driving cart.
Intervention Actions for Achieving Goal	**Program (1) CCR** - Utilize existing relationships with EMS agencies and school districts to provide training **Program (2) Walk with a Doc** Injury prevention education in an outdoor setting utilizing physician interaction with community participants. **Program (3) Distracted Driving program**-Injury prevention education classrooms and community settings using evidenced-based distracted driving programs.

Collaboration	**Program (1) CCR** and **Program (3) Distracted Driving program**-- School Districts and Community organizations. **Program (1) CCR** & **Program (2) Walk with a Doc** East Valley Senior living communities.
Performance / Impact	**Program (1) CCR** - Higher focus and increased education within the community. **Program (2) Walk with a Doc** Higher focus on prevention and increased physician presence and education in the community. **Program (3) Distracted Driving program**-Higher focus on distracted driving prevention and increased education in the community.
Hospital's Contribution / Program Expense	Chandler Regional Medical Center's Trauma Services Trauma Injury Prevention & Outreach/Performance Improvement department. Q1 FY21 – Q4 FY21 CCR activities were suspended July 2020-June 2021 due to CMS & ADHS requirements, and the Arizona Governors' Executive order of additional measures to protect public health and safety in order to mitigate the spread of COVID-19. All three programs : total FY21 Contribution: 0 Classes
FY 2022 Plan	
Program Goal / Anticipated Impact	**Program (1) CCR** - Provide hands only compression resuscitation education in the community to save lives in the event of cardiac arrest as COVID-19 restrictions are lifted. **Program (2) Walk with a Doc** Support Walk with a Doc events for senior living communities with physician participation as COVID-19 restrictions are lifted. **Program (3) Distracted Driving program**-Simulation group programs and distracted driving cart roll-out to East Valley School Districts as students return onsite to school locations.
Measurable Objective(s) with Indicator(s)	**Program (1) CCR** - Expand relationships and train 500 people. **Program (2) Walk with a Doc** Provide 2-Classes a month. **Program (3) Distracted Driving program**-Work on scheduling onsite programs focusing on teen drivers.

Intervention Actions for Achieving Goal	**Program (1) CCR** - Continue existing partnership within the East Valley to provide training. **Program (2) Walk with a Doc** Continue existing partnership with Sun Lakes senior community. **Program (3) Distracted Driving program**-Continue existing partnerships with East Valley School Districts to provide training.
Planned Collaboration	**Program (1) CCR** - Expand the program to include East Valley school districts and Senior Communities **Program (2) Walk with a Doc** East Valley senior living communities. **Program (3) Distracted Driving program**-Expand the simulation program utilizing the distracted driving cart within the East Valley community.

Stop the Bleed

Significant Health Needs Addressed	☐ Access to Care ☐ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer ☒ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food insecurity - Housing/Homelessness - Transportation
Program Description	Stop the Bleed is a national awareness campaign and a call to action. The free program educates and empowers community members to help in a bleeding emergency by teaching basic techniques of bleeding control.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops

FY 2021 Report

Program Goal / Anticipated Impact	Provides lifesaving information with hands-on bleeding control education.
Measurable Objective(s) with Indicator(s)	Hands-on injury prevention education in classrooms and community settings using evidence-based Stop the Bleed Program.
Intervention Actions for Achieving Goal	Collaborate with EMS and expand relationships with municipalities and school districts.
Collaboration	School districts, residential communities HOA, and local businesses.
Performance / Impact	Focus on increased education within the East Valley community.
Hospital's Contribution / Program Expense	Chandler Regional Medical Center's Trauma Services Trauma Injury Prevention & Outreach/Performance Improvement department. Q1 FY21 – Q3 FY21 activities were suspended July 2020-February 2021 due to CMS & ADHS requirements, and the Arizona Governors' Executive order of additional measures to protect public health and safety in order to mitigate the spread of COVID-19. <u>FY21 Total Contribution:</u> 9 Classes / 247 Participants 64 Staff Hours at $120/hour
FY 2022 Plan	
Program Goal / Anticipated Impact	Provide Stop the Bleed kits for participating East Valley school districts and community businesses to increase survivability in incidents of mass hemorrhage.
Measurable Objective(s) with Indicator(s)	Teach Stop the Bleed to 1,000+ community members. This includes school district health staff, bus drivers, teachers and students. Collect and track pre/post education evaluations.
Intervention Actions for Achieving Goal	Continue existing partnerships with school districts, cities and EMS agencies to provide training.
Planned Collaboration	Expand the program to include East Valley school districts and local community businesses.

Matter of Balance

Significant Health Needs Addressed	☐ Access to Care ☐ Mental Health and Behavioral Health ☐ Diabetes ☐ Breast Cancer

	☒ Injury Prevention ☐ Social Determinants of Health (SDOH) - Food insecurity - Housing/Homelessness - Transportation
Program Description	Falls prevention program. Evaluating fears, replacing fears with constructive ideas, physical activity/exercises, and safety tips/checklist.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops
FY 2021 Report	
Program Goal / Anticipated Impact	Provides group intervention to reduce fear of falling and increase activity levels for the senior population.
Measurable Objective(s) with Indicator(s)	Expand East Valley class locations and double the amount of participants.
Intervention Actions for Achieving Goal	Injury prevention education in senior communities using the evidence-based Matter of Balance program.
Collaboration	East Valley senior community organizations.
Performance / Impact	Higher focus on fall prevention with increased education in senior communities.
Hospital's Contribution / Program Expense	Chandler Regional Medical Center's Trauma Services Trauma Injury Prevention & Outreach/Performance Improvement department. Q1FY21 – Q3FY21 activities were suspended July 2020-February 2021 due to CMS & ADHS requirements, and the Arizona Governors' Executive order of additional measures to protect public health and safety in order to mitigate the spread of COVID-19. <u>Total FY21 Contribution:</u> 8 Sessions / 114 participants 23.5 Staff Hours $1,200 per Session
FY 2022 Plan	
Program Goal / Anticipated Impact	CRMC to host a Matter of Balance class annually for identified fall risk patients discharged from the hospital.
Measurable Objective(s) with Indicator(s)	Work with physical/occupational therapy and inpatient units to identify fall risk patients for enrollment in CRMC hosted Matter of Balance classes.
Intervention Actions for Achieving Goal	Continue existing partnerships with Sun Lakes and Trilogy Power Ranch senior communities to provide training.

Planned Collaboration	Expand the program in East Valley senior communities.

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

City of Chandler	CRMC is a collaborative partner with the Chandler CARE Center located on the Galveston Elementary School campus. The CARE Center, family resource center offers access to care for underserved children and families in the community. Services include WIC, Southwest Behavioral Health, food bank, medical and dental, hearing and vision screening, and immunizations. CRMC is a collaborative partner with Mission of Mercy that offers a medical home to the uninsured through their Chandler -based clinic.
Maricopa County Department of Public Health (MCDPH)	Dignity Health Arizona is part of the SYNAPSE Collaborative Community Health Needs Assessment Partnership with other health systems for the Maricopa County, AZ CHNA. Through this partnership, hospitals work collaboratively with the county to identify approaches for the most pressing health needs impacting the community. MCDPH: Health Improvement Partnership of Maricopa County (HIPMC): Dignity Health, Arizona is a member of HIPMC, a community-wide action plan for addressing priority health issues identified in Maricopa County's Community Health Needs Assessment, and the health priorities of health partners.
Town of Gilbert	CRMC is a collaborator with the Heritage Center Wellness, Education, and Resource Center that opened in 2018 to improve access to care and resources. At the center, Dignity Health dental services, immunizations, children's hearing and vision screening, and community education are offered. Dignity Health is a co-leader for the recently created East Valley Resource Coalition that works to inform, promote, connect, and strengthen nonprofits creating a community where all individuals feel welcomed, included, respected, and safe. CONNECT: networking and partnerships. SHARE: information, needs, and resources. LEARN: peer to peer and training opportunities.
Pinal County	Chandler Regional Medical Center is a lead collaborator with the

	Family Advocacy Center that opened in April, 2019. The Family Advocacy Center provides supportive services and investigative services for victims of crime, including victims of family violence and their children.
City of Mesa	House of Refuge: Dignity Health sponsors one of the 80 transitional homes supporting homeless families to gain independence. CRMC is a collaborative partner with Mission of Mercy that offers a medical home to the uninsured through their Mesa-based clinic.
Town of Queen Creek	Chandler Regional Medical Center is in partnerships with the Town of Queen Creek in efforts to address increasing numbers of teen suicide. Working to expand and support all citizens in need in our communities. Pan de Vida Foundation works to expand and support all in need citizens in our communities by collaborating with other local community non-profit organizations to improve the overall health of our community.
Foundation for Senior Living - ACTIVATE	ACTIVATE is a high-risk patient navigation program that improves post hospitalization recovery, reduces readmission, and improves patient quality of life through pre-discharge and post-discharge support. Through the program patient needs and social determinants of health are effectively addressed.

Dignity Health's Community Investment Program offers below-market interest rate loans and other investments to nonprofit organizations working to improve the health status of their communities. Current Community Investment Program projects in the Chandler Regional Medical Center's service area are:

Arizona Community Foundation (ACF)	Amount: $5 Million Creation of health clinic, charter schools and affordable housing for low-income families and communities in Phoenix and the surrounding area.
Brighter Way Institute (BWI)	Amount: $500,000 Expands its dental health programs serving low-income adults, high-risk children, and military veterans with basic preventive procedures, orthodontia, dentures and implants. 3 clinic locations: Parsons Center for Pediatric Dentistry and Orthodontics (Phoenix) Brighter Way Institute (Phoenix) and Canyon State Academy Dental Center (Queen Creek)
Clothes Cabin	Amount: $500,000 - School clothing for low-income children - Work clothing for low-income men and women

	- Clothing for homeless people in Chandler and Gilbert Arizona
Chicanos Por la Causa	Amount: $4 Million - Education, advocacy, small business lending - Acquire, rehabilitate, and manage 95 units of affordable multi-family housing - Wrap around services Development of 187 units of affordable mixed-use and mixed- income housing as part of a comprehensive revitalization for the City of Mesa.
Hushabye Nursery	Amount: $500,000 Hush-A-Bye Nursery will use the loan for tenant improvements for HN's new 12-bed facility in metro Phoenix, Arizona. HN was founded in 2018 and is one of only a handful of companies nationwide specializing in Neonatal Abstinence Syndrome ("NAS").
Trellis	Amount: $4 Million Providing home ownership to low- and moderate-income residents of Maricopa County through first and second mortgages and down payment assistance. In addition to a 7-years loan for predevelopment and construction expanses for a 40-lot affordable housing complex in Phoenix, Arizona.

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. The economic value of community benefit for patient financial assistance (charity care), Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

510 Chandler Regional Medical Center for period from 7/1/2020 through 6/30/2021
Complete Summary - Classified Including Non Community Benefit (Medicare)

	Persons	Expense	Revenue	Net Benefit	% of Expense
Benefits for Poor					
Financial Assistance	**8,503**	**9,171,503**	**0**	**9,171,503**	**1.6%**
Medicaid	**33,627**	**99,061,303**	**58,149,891**	**40,911,412**	**7.3%**
Community Services					
A - Community Health Improvement Services	5,100	1,168,524	471,351	697,173	0.1%
E - Cash and In-Kind Contributions	69	250,765	2,098	248,667	0.0%
Totals for Community Services	**5,169**	**1,419,289**	**473,449**	**945,840**	**0.2%**
Totals for Poor	**47,299**	**109,652,095**	**58,623,340**	**51,028,755**	**9.1%**
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	6,582	1,141,135	427,254	713,881	0.1%
B - Health Professions Education	1,620	1,711,795	0	1,711,795	0.3%
F - Community Building Activities	81	109,248	19,507	89,741	0.0%
G - Community Benefit Operations	0	285,464	0	285,464	0.1%
Totals for Community Services	**8,283**	**3,247,642**	**446,761**	**2,800,881**	**0.5%**
Totals for Broader Community	**8,283**	**3,247,642**	**446,761**	**2,800,881**	**0.5%**
Totals - Community Benefit	**55,582**	**112,899,737**	**59,070,101**	**53,829,636**	**9.6%**
Medicare	**91,168**	**235,577,767**	**193,567,780**	**42,009,987**	**7.5%**
Totals with Medicare	**146,750**	**348,477,504**	**252,637,881**	**95,839,623**	**17.1%**

Hospital Board and Committee Rosters

East Valley Hospitals Community Board

Jason Bagley – Vice Chair	Sr. Director, State Government Relations, Intel Corporation
Puneet Bhalla, MD	Physician (oncology), Ironwood Cancer & Research Center
Sankalp Choudhri, MD	East Valley Center for Pulmonary & Sleep Disorders
Sandy Cooper	Assistant Superintendent, Chandler Unified School District (Retired)
Helen Davis, JD	Attorney (specializing in family law), The Cavanagh Law Firm
Tom Dwiggins	Fire Chief, City of Chandler Fire Department
Trinity Donovan	CEO, AZCEND
Jonathan Hodgson, DO – Secretary	Neurologist, Gilbert Neurology
Linda Hunt	Division Vice President of Operations Dignity Health Southwest Region
Sumeet Kadakia, MD	General Surgeon Advanced Surgical Associates LTD
Sister Mary Kilgariff, RSM	Dignity Health (retired)
JW Rayhons	President/ Owner Rayhons Financial Solutions, LLC
Tom Marreel	Chief Executive Officer, Marreel Slater Insurance
Sister Bridget McCarthy, RSM	Dignity Health (retired)
Carol Schurz	Community Council Office, Sacaton Arizona
Hector Peñuñuri	Senior Distribution Key Account Manager, Salt River Project
Mahmood Shahlapour, MD	President of Medical Staff, Pioneer Hospitalists
Mark Slyter	President/ CEO Chandler Regional and Mercy Gilbert Medical Centers
Veena Vats, MD, FACS	Trinity ENT and Facial Aesthetics
Joan Warner, MD – Board Chair	Desert Foothills OB/GYN (retired)
Rhonda Curtis	Sr. Vice President, Commercial Relationship Manager, BOK Financial

East Valley Community Grants Committee

Desiree Granillo	Manager of Clinical Social Work Care Coordination, Chandler Regional Medical Center
Gia Snooks	Prenatal Program Coordinator, Dignity Health EV
Ivars Vancers	Owner, Vancers Consulting Services
Jeanne Cahill	Manager, Center for Diabetes Management, Dignity Health EV
John Sentz	Board Member
Kathleen Dowler	Director of Community Health, Dignity Health EV
Lori Bacsalmasi	Manager, Community Education, Dignity Health EV
Joyce Cannon	Dignity Health Volunteer
Michelle Gross-Panico	Manager, Community Oral Health Dignity Health EV
Staci Charles	Owner Brain Lab
Susan Ohton	Manager, Community Wellness Dignity Health EV
Theresa Dettler	Senior Coordinator, Community Benefits Dignity Health EV
Wendy Sandor	Subject Expert Teacher , BASIS Phoenix Charter

East Valley Community Health Committee

Mario Valadez	Market Vice President Mission Integration East Valley
Carrie Smith	Chief Operating Officer, FSL
Blythe FitzHarris	Chief Clinical Officer Mercy Care
Debbie Hillman	Chief Administrative Officer Mercy Care
Milissa Chanice	Regional Operations Director UCSF Benioff Children's Hospital Oakland
Trinity Donovan	CEO AZCEND
Kathleen Dowler	Director, Community Health, Dignity Health East Valley

Tom Dwiggins	Fire Chief, City of Chandler Fire Department
Jeanne Cahill	Manager, Center for Diabetes Management, Dignity Health East Valley
Carl Landrum	Community Member
Chris Clark	President, Queen Creek Chamber of Commerce
Sister Mary Kilgariff, RSM	Dignity Health (retired)
Ivars Vancers	Owner, Vancers Consulting
Melanie Dykstra	Volunteer and Community Resources Manager , Town of Gilbert
Sister Bridget McCarthy, RSM	Dignity Health (retired)
Jeanene Fowler	Program Operations Administrator, Maricopa County
Dr. Sandy Indermuhle	MD Medical Services, Dignity Health East Valley
Jason Bagley	Director, State Government Relations, Intel
Mark Slyter	President/CEO Chandler Regional and Mercy Gilbert Medical Centers
Sandy Cooper	Assistant Superintendent, Chandler Unified School District
JW Rayhons	President/ Owner Rayhons Financial Solutions, LLC
Sister Margaret McBride	Market Vice President of Mission Integration for the West and Central Arizona Regions
Wendy Otten	Manager Trauma Services , Dignity Health EV