A message from

Kim Shaw, President/CEO of Dignity Health-St. Rose Dominican’s San Martín Campus, and Maggie Arias Petrel, Chair of the Dignity Health- St. Rose Dominican 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.

Dignity Health-St. Rose Dominican 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. We are proud of the outstanding programs, services and other community benefits our hospitals deliver, and are pleased to voluntarily report to our community.

In fiscal year 2021 (FY21), Dignity Health-St. Rose Dominican’s San Martín Campus provided $28,033,517 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $20,913,752 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 November 18, 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 Holly Lyman, Director of Community Health (702) 616-4903.

Kim Shaw
President/CEO San Martín Campus

Maggie Arias Petrel
Chairperson, Board of Directors
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## At-a-Glance Summary

### Community Served
Dignity Health – St. Rose Dominican provides health services throughout Clark County. Clark County is the most populous county in Nevada, accounting for nearly three-quarters of the state’s residents with a total population of 2,326,403.

### Economic Value of Community Benefit
- $28,033,517 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits
- $20,913,752 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:

<table>
<thead>
<tr>
<th>Access to Care</th>
<th>Violence Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle and Pedestrian Safety</td>
<td>Substance Use</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
</tr>
</tbody>
</table>

### FY21 Programs and Services
The hospital delivered several programs and services to help address identified significant community health needs. These included:

- **Access to care**: Nevada Health Link & Medicaid Enrollment, Medicare Assistance Program, Engelstad Foundation RED Rose Program Navigation, Patient Financial Assistance; Funding Grantees such as Catholic Charities, Lend A Hand of Boulder City
- **Motor vehicle and pedestrian safety**: Zero Fatalities Program Partnership, Car Seat Safety Checks, Advocacy
- **Violence prevention**: Human Trafficking Response Program, Mental Health First Aid (Adult and Youth), SafeTALK Suicide Prevention, Senior Peer Counseling; Funding Grantees such as Foundation for Recovery
- **Substance use**: Mental Health First Aid (Adult and Youth), EMPOWERED Program, Let’s Talk Support Groups, AA & NA groups; Funding Grantees such as Foundation for Recovery
- **Mental health**: Senior Peer Counseling, Perinatal Mood and Anxiety Disorders Program, Mental Health First Aid (Adult & Youth), Let’s Talk Support Groups; Funding Grantees such as Foundation for Recovery

### FY22 Planned Programs and Services
The hospital intends to take several actions and dedicate resources to the following needs, including:

- **Access to care**: Nevada Health Link & Medicaid Enrollment, Nevada Medicare Assistance Program, Engelstad Foundation RED Rose Program Navigation, Patient Financial Assistance; Funding Grantees such as Catholic Charities, Lend A Hand of Boulder City, Roseman University Medicare Call Center, CSN Community Health Worker Students
- **Motor vehicle and pedestrian safety**: Zero Fatalities Program Partnership, AARP Drivers Safety, Car Seat Safety Checks, Advocacy
- **Violence prevention**: Human Trafficking Response Program, Parent Gun Safety Classes, Mental Health First Aid (Adult and Youth), SafeTALK Suicide Prevention
<table>
<thead>
<tr>
<th>Prevention, Senior Peer Counseling; Funding Grantees such as Rape Crisis Center, Solutions for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Substance use</strong>: Mental Health First Aid (Adult and Youth), Let’s Talk Support Groups, AA &amp; NA groups; Funding Grantees such as Foundation for Recovery, Solutions for Change</td>
</tr>
<tr>
<td><strong>Mental health</strong>: Senior Peer Counseling, Perinatal Mood and Anxiety Disorders Program, Mental Health First Aid (Adult &amp; Youth), Let’s Talk Support Groups; Funding Grantees Such as Foundation for Recovery, Solutions of Change</td>
</tr>
</tbody>
</table>

This document is publicly available online at [https://www.dignityhealth.org/las-vegas/about-us/serving-the-community](https://www.dignityhealth.org/las-vegas/about-us/serving-the-community)

Written comments on this report can be submitted to Dignity Health – St. Rose Dominican Community Health Program at 2651 Paseo Verde Parkway, Suite 180, Henderson, NV 89074 or by e-mail to holly.lyman@dignityhealth.org.
Our Hospital and the Community Served

About Dignity Health – St. Rose Dominican

Dignity Health – St. Rose Dominican is part of CommonSpirit Health, a nonprofit, Catholic health system dedicated to advancing health for all people.

Dignity Health Nevada Locations

As the community’s only nonprofit, faith-based hospital system, St. Rose Dominican hospitals are guided by the vision and core values of the Adrian Dominican Sisters and Dignity Health.

*Rose de Lima Campus on opening day, 1947*
The Adrian Dominican Sisters arrived in Henderson, Nevada, the summer of 1947 to run what was then a small community hospital. Over the last 75 years, this small hospital began what has become a large multi-faceted healthcare system. Dignity Health - St. Rose Dominican now has three hospital campuses in the Las Vegas valley, with a total of 473 beds, more than 1,300 physicians, 200 volunteers and more than 3,500 employees.

In addition to its three acute-care hospitals, Dignity Health Nevada offers a variety of health care services, including Dignity Health Rehabilitation Hospital, a 60-bed, all-private-room rehabilitation hospital, in partnership with Select Medical; primary and specialty care services throughout the Las Vegas Valley at its Dignity Health Medical Groups. Additionally, four Dignity Health-St. Rose Dominican Neighborhood Hospitals have opened in underserved parts of the valley in partnership with Emerus, the nation’s innovative leader in building and operating micro hospitals. More than a dozen Dignity Health Physical Therapy clinics joined the Dignity Health Nevada team in Spring 2021. These outpatient physical therapy centers, in partnership with Select Medical, offer a wide range of rehabilitation services throughout southern Nevada.

Dignity Health – St. Rose Dominican is part of CommonSpirit Health, a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 by Catholic Health Initiatives and Dignity Health. CommonSpirit is committed to creating healthier communities, delivering exceptional patient care, and ensuring every person has access to quality health care. With a team of approximately 150,000 employees and 25,000 physicians and advanced practice clinicians, CommonSpirit Health operates 140 hospitals and more than 1,000 care sites across 21 states.

The Siena Campus was founded in 2000 and currently has 326 beds. It earned a “High Performing” rating for 2021-2022 from U.S. News & World Reports in five different condition categories - more than any other southern Nevada hospital: Chronic Obstructive Pulmonary Disease (COPD), Heart Attack, Heart Failure, Knee Replacement, and Stroke, in recognition of care that was significantly better than the national average, as measured by factors such as patient outcomes. “High Performing” is the highest rating U.S. News awards for that type of care. The hospital achieved accreditation in June 2021 as a Center of Excellence in Robotic Surgery, recognized for providing the highest quality of care and patient safety by Surgical Review Corporation, an independent, not-for-profit organization that administers best-in-class accreditation programs for medical facilities and professionals. The hospital is the first in Nevada to achieve this accreditation. The hospital earned the 2021 Get With The Guidelines® - Stroke GOLD PLUS with Honor Roll and Target: Type 2 Diabetes Honor Roll award, which recognizes Siena's commitment and success in implementing a high standard of stroke care by ensuring that their stroke patients receive treatment that meets nationally accepted, evidence-based standards and recommendations. The Siena Campus is one of only two Baby-Friendly designated hospitals in southern Nevada.

The Rose de Lima Campus, founded by the Adrian Dominican Sisters in 1947, recently went through a transition and now offers 24/7 emergency room care, limited inpatient beds, and imaging services. The hospital received an A in hospital safety scores from The Leapfrog Group, a national nonprofit organization, in fall 2018 and spring/fall 2019.

The San Martin Campus opened in late 2006 and has 147 beds. In 2021, the hospital earned the Get With The Guidelines® - Stroke GOLD PLUS with Honor Roll and Target: Type 2 Diabetes Honor Roll award, which recognizes San Martin's commitment and success in implementing a high standard of stroke care by ensuring that their stroke patients receive treatment that meets nationally accepted, evidence-based standards and recommendation. The Wound Healing & Hyperbaric Medicine Center at San Martín received the 2020 Healogics Center of Distinction award for clinical excellence. The Center achieved outstanding clinical outcomes for 12 consecutive months, including patient satisfaction rates of higher than 92 percent and a minimum wound healing rate of at least 92 percent within 28 media days to heal. San Martín was also the first hospital in southern Nevada to be designated as a Baby-Friendly hospital in 2014.
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

Dignity Health – St. Rose Dominican delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.

A plain language summary of the policy is at the end of this report. The financial assistance policy and plain language summary are on the hospital’s web site.

Description of the Community Served

Dignity Health – St. Rose Dominican serves Clark County. A summary description of the community is below. Additional details can be found in the hospital’s community health needs assessment (CHNA) report online.

The geographic area for the CHNA is Clark County, the common community for all partners participating in the CHNA collaborative. Clark County is the nation’s 14th largest county that serves more than 2.25 million citizens and more than 46 million visitors a year. Clark County serves a community living in rural or urban areas. A key component of the county’s economy is tourism, and among its largest industries are accommodation and food service, retail trade and health care and social assistance.

All counties within Nevada have had tremendous population growth within the last decade. However, the majority of the population remains within Clark County, and it continues to grow. Between 2015 and 2021 Clark County’s population grew from 2.11 million to 2.32 million. Clark County comprises only 7% (8,091 square miles) of Nevada’s land mass (110,567 square miles) but contains 72% of the state’s total population. Because of Clark County’s contribution to the state population, caution should be exercised when comparing the county to the state.

Dignity Health - St. Rose Dominican also serves an increasingly diverse population. The largest racial group. White (including Hispanic/Latino ethnicity), makes up 39.9% of the population, followed by the populations identifying as Black or African American (12%) and as Asian (10.8%). Notably, 32.8% of Clark County residents identify as Hispanic or Latino, a higher percentage than seen across Nevada and much higher than the rest of the U.S. (U.S. Census Bureau). Two-thirds of Clark County residents spoke only English at home as of 2014. Among the remaining third, the residents spoke Spanish or Spanish Creole at home.
Community Demographics – Clark County

Total Population 2,326,403

Race
White - Non-Hispanic 39.9%
Black/African American - Non-Hispanic 12%
Hispanic or Latino 32.8%
Asian/Pacific Islander 10.8%
All Others 4.7%

% Below Poverty 9.9%
Unemployment 6.0%
No High School Diploma 14.0%
Medicaid (household) 10.1%
Uninsured (household) 5.5%

Source: Claritas Pop-Facts® 2021; SG2 Market Demographic Module

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.

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.

Community Benefit FY 2021 Report and FY 2022 Plan
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 May 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 details regarding the needs assessment process and findings can be found in the CHNA report, which is publicly available at strosehospitals.org or upon request to the hospital's Community Health office.

Significant Health Needs

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

- Access to Care (health insurance coverage, service navigation, linguistic and cultural sensitivity)
- Motor vehicle and pedestrian safety (distracted driving, impaired driving, bicyclist and pedestrian safety)
- Violence prevention (gun violence, child abuse, domestic violence, suicide)
- Substance use (alcohol use, maternal substance use, opioid overdoses)
- Mental health (lack of providers, stigma)

The hospital intends to take action 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

Dignity Health – St. Rose Dominican is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Presented the CHNA and requested input on the implementation strategy from key partners listed below. Also hosted a full-day strategic planning meeting with key stakeholders and community health leaders. Presented at the Community Health Advisory Committee and Community board.

Dignity Health Community Health Leadership Team
Dignity Health Community Health Advisory Committee
Dignity Health Community Board
State of Nevada Office of Suicide Prevention
Nevada Department of Public Safety, Office of Traffic Safety
Southern Nevada Health District
State of Nevada Division of Public and Behavioral Health

Programs were selected based on the following:
1. Existing Dignity Health – St. Rose Dominican programs with evidence of success/impact
2. Researched effective interventions through meetings with key partners and began implementation of new programs.
3. Focused the Dignity Health Grants on the CHNA priorities to leverage the skills and capabilities of community partners.
Impact of the Coronavirus Pandemic

New and exacerbated community needs:
- Food Security, Access to Healthcare, Virtual programs

In response to these needs, we applied for and received five COVID-19 grants and implemented new programs. The grants from the State of Nevada, Nevada Minority Health and Equity Coalition, and National Breast Cancer Foundation totaled more than $239,000 and supported:
- WIC CARES to deliver groceries to 478 WIC families;
- Home-Delivered Meals to Seniors. Delivered 60 in-need seniors with 5 days of healthy meals per week;
- Home-Delivered Groceries for Seniors – 770 deliveries;
- COVID-19 Outreach and Education to Latinx Community; and
- COVID-19 Patient Relief Fund.

Other COVID-19 relief program activities included:
- Provided over 60 ZOOM classes each month starting March 18, 2020, totaling 3,863 classes for 44,570 participants.
- Telehealth consults with our Registered Dietitians and Diabetes Educators.
- Humankindness Personal Care Bag deliveries and well-checks to 91 seniors.
- Enrolled 340 clients in Medicaid and 1034 Clients in Nevada Health Link due to job losses.

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.

<table>
<thead>
<tr>
<th>Health Need: Access to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy or Program Name</strong></td>
</tr>
<tr>
<td>Nevada Health Link &amp; Medicaid Enrollment</td>
</tr>
<tr>
<td>Medicare Assistance Program</td>
</tr>
<tr>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Helping Hands Program</td>
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<tr>
<td>Lend a Hand of BC</td>
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<tr>
<td>Organization</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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<tr>
<td>Engelstad Foundation RED Rose</td>
</tr>
<tr>
<td>Roseman University</td>
</tr>
<tr>
<td>College of Southern Nevada</td>
</tr>
<tr>
<td>Patient Financial Assistance</td>
</tr>
</tbody>
</table>

**Impact:** Gains in public or private health care coverage; increased knowledge about how to access and navigate the health care system; increased primary care visits among home-bound seniors; access to medical care for homeless men, women and children

**Collaboration:** The hospital will partner with Nevada Health Link, Catholic Charities, The Shade Tree, Lend a Hand of Boulder City, State of Nevada Department of Welfare and Social Services, Nevada WIC, NAMI, PACT Coalition, CARE Coalition, Aging and Disability Services, Fund for a Healthy Nevada, Regional Transportation Commission, Access to Healthcare Network, Women’s Health Connection, Southern Nevada Health District

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### Health Need: Violence Prevention

<table>
<thead>
<tr>
<th>Strategy or Program Name</th>
<th>Summary Description</th>
<th>Active FY21</th>
<th>Planned FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Trafficking Response Program</td>
<td>Ensure that trafficked persons are identified in the health care setting and are assisted with victim-centered, trauma-informed care and services.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Mental Health First Aid (Adult &amp; Youth)</td>
<td>Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.</td>
<td>☒</td>
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</tr>
<tr>
<td>SafeTALK Suicide Prevention</td>
<td>A half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Parent Gun Safety Class</td>
<td>Educate parents on gun safety through prenatal classes and ongoing education.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Senior Peer Counseling</td>
<td>Provide confidential, personal and supportive counseling to people facing the challenges and concerns of growing older, such as: loss and bereavement, retirement, health concerns, relationships, normal aging issues and loneliness.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Rape Crisis Center</td>
<td>GRANTEE – Provide prevention education programs to empower participants to change social norms and community conversations around violence and to access resources when they are needed, eventually leading to a reduction of interpersonal violence.</td>
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</tr>
</tbody>
</table>

**Impact:** Prevent suicide, rape, domestic violence, child abuse and human trafficking. Provide resources, support and care for victims of rape, domestic violence, child abuse and human trafficking.

**Collaboration:** Nevada Coalition for Suicide Prevention, PACT Coalition, State of Nevada Office of Suicide Prevention, Senior Peer Counseling, Human Trafficking Task Force, Senior Peer Counseling, CARE Coalition, Southern Nevada Harm Reduction Alliance
### Health Need: Motor Vehicle and Pedestrian Safety

<table>
<thead>
<tr>
<th>Strategy or Program Name</th>
<th>Summary Description</th>
<th>Active FY21</th>
<th>Planned FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero Fatalities</td>
<td>Program includes the following initiatives: Always Buckle Up, Don’t Drive Impaired, Focus on the Road, Stop on Red, Be Pedestrian Safe, and Ride Safe.</td>
<td>☒</td>
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</tr>
<tr>
<td>Advocacy</td>
<td>Partner with the Nevada Zero Fatalities Occupant Protection Task Force to advocate upgrading NRS 484D.495 to a Primary Seat Belt Law.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>AARP Drivers Safety</td>
<td>Provide driver’s safety courses for seniors throughout the valley.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Car Seat Safety Checks</td>
<td>Provide car seat safety checks throughout the valley.</td>
<td>☒</td>
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</tr>
</tbody>
</table>

**Impact:** Eliminate fatalities on our roadways

**Collaboration:** Nevada Department of Public Safety/Office of Traffic Safety, Las Vegas Coalition for Zero Fatalities, AARP, Safe Kids, Nevada Department of Transportation

### Health Need: Substance Use

<table>
<thead>
<tr>
<th>Strategy or Program Name</th>
<th>Summary Description</th>
<th>Active FY21</th>
<th>Planned FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPOWERED</td>
<td>(Empowering Mothers for Positive Outcomes with Education, Recovery, and Early Development) provides community resources, support services, education, and connections to recovery and treatment services for women with substance use disorders during pregnancy and after giving birth.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Mental Health First Aid (Adult &amp; Youth)</td>
<td>Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Alcoholics &amp; Narcotics Anonymous</td>
<td>Provide space, promotion and support for AA and NA support groups. Add SMART Recovery Group for all addictions.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Foundation for Recovery</td>
<td>GRANTEE – Dispatch certified Recovery Coaches to local ERs to connect individuals impacted by Substance Use Disorder to peer recovery services, provide them with linkages to community resources, including overdose prevention, education and harm reduction.</td>
<td>☒</td>
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</tr>
</tbody>
</table>

**Impact:** Reduce opioid overdoses, provide support for individuals in substance use recovery, educate community about addiction, and provide connection to substance use and treatment during pregnancy and after giving birth.

**Collaboration:** PACT Coalition, NAMI, Alcoholics Anonymous, Narcotics Anonymous, SMART, Southern Nevada Health District, State of Nevada
### Health Need: Mental Health

<table>
<thead>
<tr>
<th>Strategy or Program Name</th>
<th>Summary Description</th>
<th>Active FY21</th>
<th>Planned FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Peer Counseling</td>
<td>Provide confidential, personal and supportive counseling to people facing the challenges and concerns of growing older, such as: loss and bereavement, retirement, health concerns, relationships, normal aging issues and loneliness.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Mental Health First Aid (Adult &amp; Youth)</td>
<td>Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Let's Talk Support Groups</td>
<td>Provide 5 Let’s Talk groups for new families across the valley. This group serves and reflects diverse communities including fathers, mothers and gender non-confirming parents; parents who are facing the challenges of new parenting including perinatal emotional complications, addiction, incarceration, racism and other oppressions; and parents from varied traditions and cultures.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Perinatal Mood and Anxiety Disorder (PMAD)</td>
<td>Provides community trainings, education, support groups, counseling and care navigation for all families with perinatal mood and anxiety disorders.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>CARE Project</td>
<td>GRANTEE – Solutions of Change will provide therapy in North Las Vegas</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Impact:** Increase access to mental health services through navigation, support groups, peer counseling and counseling services. Reduce stigma through education, awareness and outreach.

**Collaboration:** PACT Coalition, Nevada Coalition for Suicide Prevention, NAMI, State of Nevada Office of Suicide Prevention
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, the St. Rose Dominican hospitals awarded the grants below totaling $353,551. Some projects also may be described elsewhere in this report.

<table>
<thead>
<tr>
<th>Grant Recipient</th>
<th>Project Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities of Southern Nevada</td>
<td>Health, Hope, and Housing</td>
<td>$50,000</td>
</tr>
<tr>
<td>College of Southern Nevada</td>
<td>Community Health Worker Students Helping COVID-Vulnerable Elders</td>
<td>$50,000</td>
</tr>
<tr>
<td>Foundation for Recovery</td>
<td>Recovery Coaching in the ER</td>
<td>$40,000</td>
</tr>
<tr>
<td>Lend a Hand of Boulder City</td>
<td>Senior Transportation and Respite Care</td>
<td>$20,000</td>
</tr>
<tr>
<td>Rape Crisis Center</td>
<td>Child Abuse Prevention and Services</td>
<td>$88,551</td>
</tr>
<tr>
<td>Roseman University of Health Sciences</td>
<td>Medicare Call Center</td>
<td>$65,000</td>
</tr>
<tr>
<td>Solutions of Change</td>
<td>North Las Vegas CARE Project</td>
<td>$40,000</td>
</tr>
</tbody>
</table>
# Medicaid/Nevada Health Link Enrollment & Medicare Assistance Program

## 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.

### Medicaid/Nevada Health Link Enrollment & Medicare Assistance Program

<table>
<thead>
<tr>
<th>Significant Health Needs Addressed</th>
<th>✔ Access to Care</th>
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<tbody>
<tr>
<td></td>
<td>❑ Motor Vehicle and Pedestrian Safety</td>
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<td>❑ Substance Use</td>
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<td>❑ Mental Health</td>
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</table>

**Program Description**

Dignity Health-St. Rose Dominican has six trained and licensed Exchange Enrollment Facilitators (EEF) who will assist the uninsured with enrollment in Medicaid, CHIP or a qualified Health Plan.

**CB Category**

A3-d. Health Care Support Services – Enrollment Assistance

**FY 2021 Report**

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Reduce the number of uninsured adults and children in southern Nevada and provide the Medicare Assistance Program counseling, education and advocacy to Nevada Medicare beneficiaries.</th>
</tr>
</thead>
</table>
| Measurable Objective(s) with Indicator(s) | • Achieve NHL grant outcomes to secure ongoing funding  
• Enroll 495 clients in a QHP and 400 in Medicaid  
• Attend 240 community events  
• Launch the Medicare Assistance Program and provide 7860 Medicare beneficiary contacts |
| Intervention Actions for Achieving Goal | • Train staff, maintain licenses  
• Identify and reach at-risk populations in need of healthcare  
• Marketing in Class Catalog, SRDH website and through all programs  
• Staff an Exchange Enrollment Facilitator at 4 of our Community Wellness Centers and MAP Counselors and volunteers at all 6 centers.  
• Provide virtual enrollment assistance at all 6 Community Wellness Centers |
| Collaboration | Nevada Health Link, State of Nevada Aging and Disability Services Division, State of Nevada Department of Welfare and Social Services, Cardenas Markets, United Labor Agency of Nevada, Nevada JobConnect, Nevada WIC, ImpactNV, NAMI, Latin Chamber of Commerce, PACT Coalition, NAACP, CARE Coalition, Clark County Library District, College of Southern Nevada CHW Program, Roseman University, Nye Communities Coalition, UNLV Healthcare Administration Interns |
| Performance / Impact | **NHL:** Enrolled 1,376 Individuals  
1,036 Qualified Health Plan (NHL)  
340 Medicaid  
Attended 123 Events  
8 Certified EEFs on staff  
**MAP:** 8,370 Medicare Beneficiary Contacts  
Attended 21 Events  
Recruited 49 Volunteers  
Promoted NHL and MAP in the REACH Magazine, Community Health e-Newsletters, Class Catalogs and throughout the community |
<table>
<thead>
<tr>
<th>Hospital Contribution</th>
<th>Total expense $899,940 less grant funding (MAP+NHL) of $465,201. Hospital provided space at 6 locations, fringe benefits, overhead, computers and tech support, marketing and mileage.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY 2022 Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Program Goal / Anticipated Impact</td>
<td>Reduce the number of uninsured adults and children in southern Nevada and provide the Medicare Assistance Program counseling, education and advocacy to Nevada Medicare beneficiaries.</td>
</tr>
</tbody>
</table>
| Measurable Objective(s) with Indicator(s) | **NHL:**  
- Achieve NHL grant outcomes to secure ongoing funding  
- Enroll 800 clients in a Qualified Health Plan (QHP) and 500 in Medicaid  
- Attend 300 community events  
**MAP:**  
- Provide 9,000 Medicare beneficiary contacts  
- Staff & Volunteer Diversity 50%  
- Medicare Improvement for Patients and Providers Act (MIPPA) Contacts 2500 with 25% application submissions  
- SMP Message to 75% of Beneficiary Contacts |
| Intervention Actions for Achieving Goal |  
- Train staff, maintain licenses and certification for up to 8 EEFs and 45 MAP Benefits Counselors  
- Identify and reach at-risk populations who need healthcare and low-income assistance programs  
- Marketing in Class Catalog, SRDH website and through all programs  
- Staff an EEF at 4 of our Community Wellness Centers and MAP Counselors and volunteers at all 6 centers  
- Provide virtual enrollment assistance to serve all 6 Community Health Centers  
- Provide education for Medicare beneficiaries, families and caregivers  
- Provide information and education on the Protect, Detect, Report SMP message |
| Planned Collaboration | Nevada Health Link, State of Nevada Aging and Disability Services Division, State of Nevada Department of Welfare and Social Services, Cardenas Markets, United Labor Agency of Nevada, Nevada JobConnect, Nevada WIC, ImpactNV, NAMI, Latin Chamber of Commerce, PACT Coalition, NAACP, CARE Coalition, Clark County Library District, College of Southern Nevada CHW Program, Roseman University, Nye Communities Coalition, College of Southern Nevada, UNLV Healthcare Administration Interns, Nevada HAND, City of Henderson, Henderson Libraries |

### Helping Hands

| Significant Health Needs Addressed | ✓ Access to Care  
- Motor Vehicle and Pedestrian Safety  
- Violence Prevention  
- Substance Use  
- Mental Health |
| Program Description | Helping Hands of Henderson assists homebound individuals 60 years of age and older who live in Henderson, with transportation to medical/dental/optical appointments, prescription drop off/pickup, grocery shopping, food pantry, congregate meals and social activities. Provides supplemental groceries to low-income/homebound seniors. |
| CB Category | A3. Health Care Support Services |

**FY 2021 Report**
### Program Goal / Anticipated Impact

Assist in meeting the needs of seniors living in Henderson so they can remain independent in their homes, thereby postponing the costly expense of assisted living. The program provides access to physicians, food, pharmacy and other needed services to allow the seniors to maintain an independent and healthy life.

### Measurable Objective(s) with Indicator(s)

- 525 Total unduplicated clients
- 9,000 Total round trip rides
- 2,500 Referrals and 500 reassurance calls
- Recruit 5-7 new volunteers
- Food Bank Participants
- 100% of clients were able to access food as a result of Helping Hands services
- 95% of clients will report they were able to maintain medical appointments
- 100% of clients report an increase in feelings of independence

### Intervention Actions for Achieving Goal

Distribute health information and supportive health service referrals. Provide bi-annual surveys to clients, ongoing transportation services and supplemental food deliveries.

### Collaboration

Aging and Disability Services Division (ADSD), Regional Transportation Commission (RTC), Fund for a Healthy Nevada, Three Square Food Bank, MGM Grand Resorts Foundation, Caesars Entertainment, Wells Fargo, Lend a Hand of Boulder City, Helping Hands of Vegas Valley, City of Henderson, HopeLink Family Resource Center.

### Performance / Impact

- Enrolled/Reassessed 383 unduplicated transportation clients
- Provided 5,869 round-trip rides
- We were unable to recruit or utilize volunteers until 6/21 due to the COVID19 pandemic.
- Provided 6,208 community referrals and 826 reassurance calls or well checks.
- Enrolled/Reassessed 89 unduplicated Golden Grocery Pantry clients
- Provided 1,441 Golden Grocery and/or COVID Emergency Food Deliveries

### Hospital's Contribution / Program Expense

Total expense $907,544 less grant funding of $446,043. Hospital provided required match for grant funding, overhead, leadership and some fringe benefits.

### FY 2022 Plan

### Program Goal / Anticipated Impact

Assist in meeting the needs of seniors living in Henderson so they can remain independent in their homes thereby postponing the costly expense of assisted living. The program provides access to physicians, food, pharmacy and other needed services to allow the senior to maintain an independent and healthy life.

### Measurable Objective(s) with Indicator(s)

- Enroll/Reassess 470 unduplicated clients in Transportation
- Enroll/Reassess 80 unduplicated clients in Golden Grocery Food Pantry
- Provide 6,750 round trip rides
- Provide 900 Golden Grocery deliveries
- 3,250 Referrals
- Recruit and maintain an active volunteer base of 50.
- 98% of clients will have access to food as a result of Helping Hands services.
- 95% of clients will report they were able to maintain medical appointments because of Helping Hands.
- 90% of clients will report an increase in feelings of independence since enrolling in Helping Hands.

### Intervention Actions

- Increase grant funding to hire additional drivers
- Attend Community Outreach Events

### Planned Collaboration

Aging and Disability Services Division (ADSD), Regional Transportation Commission (RTC), Fund for a Healthy Nevada, Three Square Food Bank, MGM Grand Resorts Foundation, Caesars Entertainment, Lend a Hand of Boulder City, Helping Hands of Vegas Valley, City of Henderson, HopeLink
### Engelstad Foundation RED Rose

| Significant Health Needs Addressed | ✓ Access to Care  
|                                  | ❑ Motor Vehicle and Pedestrian Safety  
|                                  | ❑ Violence Prevention  
|                                  | ❑ Substance Use  
|                                  | ❑ Mental Health |

| Program Description | The RED Rose program provides free mammography, ultrasound, biopsy, and surgical consultations for individuals 49 years and younger who are uninsured or underinsured. The bi-lingual Breast Health Navigator coordinates care from screening to treatment. Support services such as payment of monthly utilities, transportation, groceries and rent available for clients during breast cancer treatment. In addition, all Navigators are trained Nevada Health Link Enrollment Facilitators and can enroll clients into the appropriate plan. |

| CB Category | A2. Community-based clinical services |

### FY 2021 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Increase breast cancer screening to diagnose breast cancer as early as possible for uninsured and/or undocumented clients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s)</td>
<td>Total services provided leading to cancer diagnosis, financial assistance and Medicaid/Health Plan enrollment assistance.</td>
</tr>
</tbody>
</table>

| Intervention Actions for Achieving Goal |  
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------|
|                                        | • Funds were received through the Engelstad Endowment, grants and fundraising events throughout the year.  
|                                        | • Increased marketing through REACH Magazine and attended community health fairs. Planned media campaign.  
|                                        | • Moved RED Rose to the North Las Vegas Neighborhood Hospital Wellness Center to be geographically closer to clients |


| Performance / Impact |  
|----------------------|---------------------------------------------------------------------------------------------------------------------------------|
|  • Eligibility Screenings: 170  
|  • Clinical Breast Exams: 97  
|  • Diagnostic Mammograms: 84  
|  • Screening Mammograms: 8  
|  • Ultrasounds: 108  
|  • Biopsies: 15  
|  • Surgical Consultations: 9  
|  • Cancer Diagnosis: 9  
|  • Surgical Treatment: 5  
|  • Temporary Financial Assistance: 27 Clients $91,622 TOTAL; Rent $39,153; Electricity $7,078; Gas $744; Water $1,311; Groceries $30,200; Transportation $11,700  
| The RED Rose program continues to see 96% Spanish-speaking clients, and 100% of clients are uninsured |

| Hospital's Contribution / Program Expense | The hospital contribution to this program totaled $310,948 in FY2021 and an additional $495,229.86 in donated surgery costs less grant funding of $166,429. St. Rose provided space, staff, fringe, clinical services, IT, overhead and leadership. |

### FY 2022 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Increase breast cancer screening to diagnose breast cancer as early as possible for uninsured and/or undocumented clients.</th>
</tr>
</thead>
</table>
| Measurable Objective(s) with Indicator(s) | 220 Eligibility Screenings  
|                                        | 75 Clinical Breast Exams  
|                                        | 100 Mammograms  
|                                        | 80 Ultrasounds |

Community Benefit FY 2021 Report and FY 2022 Plan  
Dignity Health – St. Rose Dominican
<table>
<thead>
<tr>
<th>Community Benefit FY 2021 Report and FY 2022 Plan</th>
<th>Dignity Health – St. Rose Dominican</th>
</tr>
</thead>
</table>
| **Intervention Actions for Achieving Goal** | Increase marketing through REACH magazine, media and social media  
Attend 100 events which reach the uninsured and undocumented  
Collaborate with key partners to reach women in need. |

### Diabetes Lifestyle Center

**Significant Health Needs Addressed**
- ✓ Access to Care  
- ❑ Motor Vehicle and Pedestrian Safety  
- ❑ Violence Prevention  
- ❑ Substance Use  
- ❑ Mental Health

**Program Description**
Provide evidence-based diabetes prevention, education and self-management programs

**CB Category**
A1. Community Health Education

### FY 2021 Report

**Program Goal / Anticipated Impact**
Expand access to evidence-based programs for people with diabetes and at risk for diabetes, including the use of distance learning modalities for remote access. Increase access to minority groups.

**Measurable Objective(s) with Indicator(s)**
- **Diabetes Prevention:** Offer three virtual DPP lifestyle coach training. Initiate 1 DPP cohort at an African American church  
- **AADE Program:** Offer Diabetes Conversation Map (virtual or in-person) classes to 50 participants with financial limitations to diabetes education  
- **DSMP:** Expand the Diabetes Self-Management Program by delivering two leader trainings – one in English and one in Spanish. Collaborate with rural organizations to host DSMP to underserved communities

**Intervention Actions**
Continue to offer DPP to the Spanish-speaking community. Target minority groups in underserved areas to promote access to diabetes education. Provide support to an African American church in implementing DPP. Continue to market services to providers.

**Collaboration**
Nevada Promise, State of Nevada, AADE, CDC, QTAC, YMCA, Nevada Health Centers, Dignity Health Medical Group, Nevada Diabetes Stakeholder group, Comagine Health, Cardiac Rehab, Wound Care, University of Nevada Cooperative Extension, Holy Family Catholic Church, North Las Vegas Church of Christ, Mexican Consulate REACH Program, Henderson, Navi Health, Inpatient Case Managers/Dietitians, Physician groups-cardiology, nephrology, internal medicine, and optometry.
Due to COVID-19 restrictions to protect the most vulnerable and the community at large, program outcomes for FY21 have been impacted.

**Diabetes Prevention/NDPP:**
- 2 virtual lifestyle coach trainings conducted for 18 new facilitators; third training postponed to reflect new changes to CDC’s DPP standards
- 1 DPP cohort planned focusing on 2 African American churches
- 40 participants enrolled in yearlong DPP with 25 enrollees in Spanish cohort
- 26 people attended virtual Prediabetes classes
- 33 diabetes risk screenings done in-person at Dignity Health Medical Group for Diabetes Alert Day
- 21 people attended the virtual Diabetes Alert Day event

**AADE Program:**
- 22 attendees for the Diabetes Conversation Maps offered virtually for participants with financial limitations
- Hosted 8 diabetes educators for virtual Diabetes Conversation Maps facilitator training
- 108 encounters for monthly diabetes support group held virtually
- 214 individuals received formal diabetes education, most virtual sessions
- 299 encounters for formal diabetes education sessions
- 83% of formal diabetes program completers met their behavior change goal; average A1c dropped from 8.6% to 6.6% and average BMI dropped from 30.8 to 29.8.
- 162 attendees for virtual nutrition classes
- 22 attendees for A1c and Lipid lab draws during B.E.A.T Diabetes Pop Up Event for Diabetes month

**DSMP:**
- $215,351 received in state funding for continued work with QTAC on Diabetes education and prevention
- 1 leader training in English
- 18 participants reached through 3 Spanish DSMP workshops with Volunteers of Medicine
- Staffing changes at the target location for the rurals prevented a DSMP workshop.
- Average health score improved from 2.9 pre-program to 3.2 post program on 5-point scale.
- Average confidence level in managing chronic conditions improved from 6.3 to 7.2 on a 10-point scale. Average days of exercise for at least 30 minutes improved from 2 days to 3 days.
- Average scale for use of nutrition facts labels improved from 3.0 to 3.4 on 5-point scale. Average scale for preparing a list of questions for their doctors improved from 2.7 to 3.5 on a 5-point scale.

**Hospital’s Contribution**
Hospital expense $341,798 less $210,892 in grant funding includes overhead, space, staff.

<table>
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<tr>
<th>Program Goal / Anticipated Impact</th>
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<th>Intervention Actions</th>
<th>Planned Collaboration</th>
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<tbody>
<tr>
<td>Expand access to evidence-based programs for people with diabetes and at risk for diabetes, including the use of distance learning modalities for remote access. Increase access to minority groups.</td>
<td><strong>Diabetes Prevention:</strong> Increase the number of participants in prediabetes classes by 10%. Host two NDPP Leader Trainings. Initiate 2 NDPP cohorts in community settings <strong>ADCES Program:</strong> Offer Diabetes Conversation Map (virtual or in-person) classes to 30 participants with financial limitations to diabetes education. Provide formal diabetes education/training to 220 individual <strong>Stanford DSMP:</strong> Expand the Diabetes Self-Management Program by delivering 1 leader training. Collaborate with organizations to host DSMP to underserved communities</td>
<td>Target minority groups in underserved areas to promote access to diabetes education. Provide support to lifestyle coaches providing DPP. Continue to market services to providers.</td>
<td>Nevada Promise, State of Nevada, ADCES, CDC, QTAC, YMCA, Nevada Health Centers, Dignity Health Medical Group, Nevada Diabetes Stakeholder group, Comagine Health, Cardiac Rehab, Wound Care, University of Nevada Cooperative Extension, Holy Family Catholic Church, North Las Vegas Church of Christ, Mexican Consulate REACH Program, Henderson, Navi Health, Inpatient Case Managers/Dietitians, Physician groups-cardiology, nephrology, internal medicine, and optometry, College of Southern Nevada, Roseman School of Pharmacy</td>
</tr>
</tbody>
</table>
## Chronic Disease Management

### Significant Health Needs Addressed
- ✔ Access to Care
- ❑ Motor Vehicle and Pedestrian Safety
- ❑ Violence Prevention
- ❑ Substance Use
- ❑ Mental Health

### Program Description
Provide access to evidence-based programs for prevention, education and self-management. Programs include:
- Congestive Heart Active Management Program (CHAMP)
- Chronic Disease Self-Management - Cancer Thriving & Surviving, Tomando Control de Su Salud, Positive Self-Management for HIV, Chronic Pain Self-Management, Diabetes Self-Management (English & Spanish) also reported in Diabetes.
- Innovative Heart Health
- Powerful Tools for Caregivers
- Stepping On Fall Prevention & Tai Ji Quan: Movement for Better Balance (TJQMBB)
- Enhance Fitness

### CB Category
A1. Community Health Education

### FY 2021 Report

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<tr>
<th>Program Goal</th>
<th>Measurable Objective(s) with Indicator(s)</th>
<th>Intervention Actions for Achieving Goal</th>
<th>Collaboration</th>
<th>Performance / Impact</th>
</tr>
</thead>
</table>
| Expand access to evidence-based programs for people with chronic disease and other risk factors | CHAMP: Total Patients Enrolled, ACEI & Beta Blocker and 30 day readmission rate  
CDSME: Total participants, Completion %, outcome measures  
INNOVATIVE HEART HEALTH: Total clients enrolled, total classes, Farmer’s Market  
CAREGIVERS: Provide four classes reaching 80 people  
FALL PREVENTION: Provide five Stepping On Classes and two Tai Ji Quan classes. Train 15 leaders in Stepping On and Tai Ji Quan statewide  
ENHANCE FITNESS: Provide classes at all centers and Improve fitness outcomes | CDSME: Continue working with community partners to host CDSME workshops, secure additional grant funding, and support partners in expanding and developing an infrastructure to offer CDSME programs statewide  
INNOVATIVE HEART HEALTH: Continue implementation of MNT protocol and nutrition education services to patients with hypertension and/or high cholesterol and track evaluation indicators. Work with local clinics and community coalitions to develop workflow to receive referrals for the patients with hypertension and/or high cholesterol  
CAREGIVERS: Recruit potential PTC leaders for the training. Secure additional funding to expand program to other underserved areas  
FALL PREVENTION: Partner with the Nevada Goes Falls Free Coalition, build capacity of fall prevention system | Dignity Health Heart & Vascular, UNR Sanford Center, Touro University, College of Southern Nevada CHW Program, State of Nevada Department of Public and Behavioral Health, Aging and Disabilities Service Division, Ryan White Part A Program, Cleveland Clinic Lou Ruvo Center for Brain Health, OLLIE, City of Henderson Parks & Recreation, Nye Communities Coalition, William N. Pennington Life Center, University of Reno, Access to Health Care Network, Community Counseling Center, Aid Heath Foundation, Southern Nevada Health District, Aid for AIDS of Nevada, The Center-LGBTQ | CHAMP 139 Patients Enrolled, 86.1% on ACEI or ARB, 92.2% on Beta Blocker, One 60 day readmission.  
CDSME  
- Total Participants: 119 (89 in English, 30 in Spanish)  
- Total Classes: 13 Workshops (10 in English, 3 in Spanish)  
- Total Chronic Pain Leaders: 15 Leaders (12 in English, 3 in Spanish) |
• Chronic Pain Leader Training: 1 Leader training and certified 8 new Chronic Pain Leaders
• Delivered PSMP-HIV to 106 Ryan white Part A clients
• Average self-rated health score improved from 2.6 pre-program to 3.2 post-program (Scale from 1-5) The average self-rated confidence level for the participants managing their chronic pain improved from 6.5 pre-program to 7.6 post-program (scale from 1 to 10). The average days the participants exercised for at least 30 minutes has improved from 2 days pre-program to 3 days post-program (scale from 0 to 7 days). The average scale of the participants utilizing nutrition fact labels has improved from 2.75 pre-survey to 3 post-survey (scale from 1 to 5). The average scale of the participants preparing a list of questions for their doctors has improved from 2.4 pre-survey to 2.8 post-survey (scale from 1 to 5)

INNOVATIVE HEART HEALTH
• Enrolled 17 patients in the Community CHF Program.
• Enrolled 36 patients in the Self-Measured Blood Pressure Program
• Delivered the Healthy Heart Program to 50 participants
• Enrolled 50 people into the Fruit and Vegetable Prescription Program
• Delivered Heart Healthy kits to 86 participants

CAREGIVERS
• Total Participants: 124 enrolled and 73 Program Completers (68 in English, 5 in Spanish)
• Total Classes: 12 Workshops (11 in English, 1 in Spanish)
• Total Powerful Tools for Caregivers leaders: 50 in total (39 in English, 11 in Spanish)
• Powerful Tools for Caregivers Leader Training: 4 Leader trainings and certified 26 new Leaders

FALL PREVENTION
• Trained 14 facilitators in a two-day TJQMBB Training
• Completed six TJQMBB workshops generating 3,845 encounters and 59 completers (participants completing 75% of the workshop)
• Completed one virtual Stepping On class with 10 registered participants and 8 completers (participants completing five of the seven sessions). Stepping On was not approved to go virtual until March 2021 due to COVID-19

ENHANCE FITNESS:
• Provided 760 Classes at six centers generating 11,556 fitness encounters
• Improvement in Fitness Scores: not tracked due to virtual classes and COVID-19

<table>
<thead>
<tr>
<th>Hospital's Contribution</th>
<th>Total hospital expense $1,325,179 less grant funding of $769,312. Hospital provided staff, classroom and consult space, overhead and fringe, IT, marketing and promotion.</th>
</tr>
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<tbody>
<tr>
<td>FY 2022 Plan</td>
<td>Expand access to evidence-based programs for people with chronic disease and other risk factors</td>
</tr>
</tbody>
</table>
| Measurable Objective(s) with Indicator(s) | CDSME:
|                                            | • Continue working with Community partners to host CPSMP workshops. Secure additional grant funding and support partners in expanding and developing an infrastructure to offer CPSMP programs statewide
|                                            | • Reach 150 clients with chronic pain
|                                            | • Deliver 1 CPSMP Virtual Leader Training
|                                            | • Deliver 12 workshops; Ten in English and two in Spanish
|                                            | • Conduct community outreach utilizing peer navigators to recruit 80 Ryan White Part A- HIV clients for PSMP
|                                            | INNOVATIVE HEART HEALTH:
|                                            | • Continue to implement the Healthy Heart Program to patients with hypertension and/or high cholesterol and track evaluation indicators. Work with Spanish local clinics and community based organization to receive referrals for the Spanish Healthy Heart Program
|                                            | • Enroll 15 participants in the Community CHF Program
|                                            | • Enroll 50 participants in the Healthy Heart Program
|                                            | • Enroll 50 participants in the Fruit and Vegetable Prescription program
|                                            | • Deliver three Healthy Heart Programs in Spanish with 20 participants enrolled.
|                                            | • Provide 100 Heart Health Kits
|                                            | CAREGIVERS:

**Intervention Actions for Achieving Goal**

**CDSME:** Recruit CPSMP leaders for two trainings. Work with community partners to host CPSMP Workshops. Support Partners in expanding and developing infrastructure to offer CPSMP programs to prison populations, tribal organizations and throughout the state.

**INNOVATIVE HEART HEALTH:** Continue to implement the Healthy Heart Program to patients with hypertension and/or high cholesterol and track evaluation indicators. Work with Spanish local clinics and community based organizations to receive referrals for the Spanish Healthy Heart Program.

**CAREGIVERS:** Collaborate with new and existing partners to recruit leaders for the PTC leader training in Southern, Northern, and Rural Nevada. Secure additional funding to expand program to other underserved areas.

**FALL PREVENTION:** Secure grant funding. Expand the Nevada Goes Falls Free Coalition, increase fall risk screenings.

**ENHANCE FITNESS:** Expand program to all 6 centers. Host an instructor training, and expand program to community partners. (Unsure due to COVID)

**Planned Collaboration**

College of Southern Nevada CHW Program, State of Nevada Department of Public and Behavioral Health, Aging and Disabilities Service Division, Ryan White Part A Program, Cleveland Clinic Lou Ruvo Center for Brain Health, OLLIE, City of Henderson Parks & Recreation, Nye Communities Coalition, William N. Pennington Life Center, University of Reno, Access to Health Care Network, Community Counseling Center, AFAN, Southern Nevada Health District, Aid for AIDS of Nevada, The Center-LGBTQ, UNR Sanford Center for Aging, Touro University, Dignity Health Heart & Vascular

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**Zero Fatalities**

**Significant Health Needs Addressed**

- Access to Care
- Motor Vehicle and Pedestrian Safety
- Violence Prevention
- Substance Use
- Mental Health

**Program Description**

Zero fatalities is all about eliminating fatalities on our roadways. We are aiming for zero fatalities because everyone matters. Dignity Health supports this goal by partnering to address impaired driving, seat belt usage and pedestrian safety through legislation, community outreach, collaboration and marketing.

**CB Category**

A1. Community Health Education

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**FY 2021 Report**
| Program Goal / Anticipated Impact | 1. Zero Fatalities by 2030  
|                                  | 2. Zero Teen Fatalities by 2021  
<table>
<thead>
<tr>
<th></th>
<th>3. Maintain Zero Infant/Child fatalities for ages one day - 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td></td>
</tr>
</tbody>
</table>
| • Reduction in fatalities  
| • Total education encounters  
| • Awareness campaign reach  
| • Advocacy Efforts  
| • 120 Total AARP Drivers Safety Classes/Attendees  
| • 120 Total Car Seat Safety Checks |
| Intervention Actions | 1. Partnered with NDPS to promote safety for all users of Nevada roads, including pedestrians and bicyclists.  
|                        | 2. Partnered with AARP to provide drivers safety courses for seniors throughout the valley, until March 2020 (due to COVID restrictions)  
|                        | 3. Participated in the Nevada Zero Fatalities Impaired Driving Prevention Task Force  
|                        | 4. Partnered with the Nevada Zero Fatalities Occupant Protection Task Force to advocate upgrading NRS 484D.495 to a Primary Seat Belt Law  
|                        | 5. Provided Car Seat Safety Checks throughout the valley until March 2020 (due to COVID restrictions) |
| Collaboration | Nevada Department of Public Safety Office of Traffic Safety, AARP, Safe Kids, Nevada Department of Transportation |
| Performance / Impact | 79 Total Car Seat Safety Installations  
|                       | 0 Participants in AARP Driver’s Safety Program due to COVID-19 |
| Hospital Contribution | $2,500 for car seat safety checks, classroom space, promotion and marketing of services |

### FY 2022 Plan

| Program Goal / Anticipated Impact | 1. Zero Fatalities by 2030  
|                                  | 2. Zero Teen Fatalities by 2022  
<table>
<thead>
<tr>
<th></th>
<th>3. Maintain Zero Infant/Child fatalities for ages one day - 2 years</th>
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<td>Measurable Objective(s) with Indicator(s)</td>
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</tr>
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</table>
| • Reduction in fatalities  
| • Total education encounters  
| • Awareness campaign reach  
| • Advocacy Efforts  
| • Re-launch AARP Drivers Safety Classes/Attendees when appropriate  
| • 50 Total Car Seat Safety Checks |
| Intervention Actions for Achieving Goal | 1. Partner with NDPS to provide an education program that promotes safety for all users of Nevada roads, including pedestrians and bicyclists.  
|                                        | 2. Partner with AARP to provide drivers safety courses for seniors throughout the valley, virtually or in person when appropriate  
|                                        | 3. Participate in the Nevada Zero Fatalities Impaired Driving Prevention Task Force  
|                                        | 4. Provide Car Seat Safety Checks throughout the valley |
| Planned Collaboration | Nevada Department of Public Safety Office of Traffic Safety, AARP, Safe Kids, Nevada Department of Transportation |

### SafeTALK Suicide Prevention

**Significant Health Needs Addressed**  
- Access to Care  
- Motor Vehicle and Pedestrian Safety  
- Violence Prevention  
- Substance Use  
- Mental Health
| Program Description | SafeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. |
| CB Category | A1. Community Health Education |

### FY 2021 Report

**Program Goal / Anticipated Impact**

Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.

**Measurable Objective(s) with Indicator(s)**

After training, participants in the SafeTALK program should be able to:
1. Challenge attitudes that inhibit open talk about suicide.
2. Recognize a person who might be having thoughts of suicide.
3. Engage them in direct and open talk about suicide.
4. Listen to the person’s feelings about suicide to show that they are taken seriously.
5. Move quickly to connect them with someone trained in suicide intervention.

**Intervention Actions for Achieving Goal**

- Train staff and/or hire four SafeTALK instructors to provide program
- Host SafeTALK at all six centers across the valley
- Reach 50 participants per year
- Train all Community Health Staff and offer training to hospital staff

**Collaboration**

State of Nevada Office of Suicide Prevention, Southern Nevada Health District/Violence and Injury Prevention, Nevada Coalition for Suicide Prevention

**Performance / Impact**

Due to COVID-19 SafeTALK has not been offered virtually yet. Unable to provide program in FY21.

**Hospital’s Contribution**

Total program expenses $4,800 which included local funding. Program includes contracted facilitators, supplies, and training materials.

### FY 2022 Plan

**Program Goal / Anticipated Impact**

Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.

**Measurable Objective(s) with Indicator(s)**

After training, participants in the SafeTALK program should be able to:
1. Challenge attitudes that inhibit open talk about suicide.
2. Recognize a person who might be having thoughts of suicide.
3. Engage them in direct and open talk about suicide.
4. Listen to the person’s feelings about suicide to show that they are taken seriously.
5. Move quickly to connect them with someone trained in suicide intervention.

**Intervention Actions for Achieving Goal**

- Host 5 SafeTALK/Gatekeeper trainings
- Reach 60 participants per year
- Offer training to hospital staff

**Planned Collaboration**

State of Nevada Office of Suicide Prevention, Southern Nevada Health District/Violence and Injury Prevention, Nevada Coalition for Suicide Prevention
### EMPOWERED – Empowering Mothers for Positive Outcomes with Education, Recovery, and Early Development

<table>
<thead>
<tr>
<th>Significant Health Needs Addressed</th>
<th>✓ Access to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle and Pedestrian Safety</td>
<td></td>
</tr>
<tr>
<td>Violence Prevention</td>
<td></td>
</tr>
<tr>
<td>✓ Substance Use</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Description</th>
<th>EMPOWERED (Empowering Mothers for Positive Outcomes with Education, Recovery, and Early Development) addresses the increasing number of women of childbearing age in Southern Nevada who are either challenged with opioid dependence or maintained on opioid prescriptions. For both groups, the goal is for a healthy pregnancy, delivery, and postpartum experience. EMPOWERED provides community resources, education, and connections to treatment and/or recovery services. In addition, we provide:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● Education on Neonatal Abstinence Syndrome (NAS)</td>
</tr>
<tr>
<td></td>
<td>● Developmental assessments</td>
</tr>
<tr>
<td></td>
<td>● Postpartum support for one year after delivery</td>
</tr>
<tr>
<td></td>
<td>● Breastfeeding support</td>
</tr>
<tr>
<td></td>
<td>● Parenting classes and education on the hospital stay</td>
</tr>
<tr>
<td></td>
<td>● Infant CPR</td>
</tr>
<tr>
<td></td>
<td>● Support groups</td>
</tr>
</tbody>
</table>

| CB Category | A1. Community-based clinical services |

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### FY 2021 Report

| Program Goal / Anticipated Impact | Increase participation and engagement by enrolled participants by 10% each year. This program will do so by continued community outreach, providing education, and supporting our community partners. |

<table>
<thead>
<tr>
<th>Measureable Objective(s) with Indicator(s)</th>
<th>Total referrals</th>
<th>Total mothers enrolled</th>
<th>Total education encounters</th>
<th>Total developmental assessments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Intervention Actions for Achieving Goal</th>
<th>Monthly community outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facilitate educational and informational sessions in various community settings</td>
</tr>
<tr>
<td></td>
<td>Provide education and support through prenatal consultations</td>
</tr>
<tr>
<td></td>
<td>Conduct developmental screenings on infants from birth to 1 year to assess developmental progress from opioid exposure during pregnancy</td>
</tr>
<tr>
<td></td>
<td>Provide client access to community resources</td>
</tr>
</tbody>
</table>

| Collaboration | Southern Nevada Health District, State of Nevada, local Medication Assisted Treatment Providers, and OB/GYNs. |

| Performance / Impact | The EMPOWERED Program supported and served 170 women by providing client referrals to prenatal providers, substance abuse treatment, pain management assistance, mental health services, and social services such as WIC and Insurance. |

| Hospital’s Contribution | Program expense $470,477 less grant funding of $292,029 included staff, space and overhead |

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### FY 2022 Plan

| Program Goal | Transition program to Roseman University 10/1/22 |
### Mental Health First Aid

| Significant Health Needs Addressed | ✔ Access to Care  
|                                    | ✔ Motor Vehicle and Pedestrian Safety  
|                                    | ✔ Violence Prevention  
|                                    | ✔ Substance Use  
|                                    | ✔ Mental Health |

#### Program Description
Mental Health First Aid is an 8-hour course that gives participants the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand and respond to signs of mental illness. The vision of this program is to become as common as CPR and First Aid training. This means having regular courses offered in every community across the U.S. Since St. Rose has six centers across the valley, we hope to expand this program in those communities.

#### CB Category
A1-d. Community Healthy Education – Support Groups

## FY 2021 Report

### Program Goal / Anticipated Impact
Studies show that this program:
- Saves lives
- Improves the mental health of the individual administering care and the one receiving it
- Expands knowledge of mental illnesses and their treatments
- Reduces overall social distance toward individuals with mental illnesses by improving mental health literacy

People who are trained in the program:
- Have greater confidence in providing help to others
- Greater likelihood of advising people to seek professional help
- Improved concordance with health professionals about treatments
- Decreased stigmatizing attitudes

### Measurable Objective(s)
- Transition the program to Virtual Mental Health First Aid through Learning Management Systems.
- Provide six Adult Mental Health First Aid and 6 Youth Mental Health First Aid classes
- Teach 150 people with this program

### Intervention Actions
1. Advertise program in REACH magazine
2. Offer training to staff and volunteers of Dignity Health – St. Rose Dominican
3. Attend Nevada Coalition for Suicide Prevention meetings, PACT Coalition meetings, and NAMI meetings
4. Promote program at special events, health fairs, on social media, and in the community.
5. Partner with key groups to cross-promote program

### Collaboration
Nye County Human Services, Nevada State Public Charter School Authority, National Council for Behavioral Health, Nevada County Services, Nevada Coalition for Suicide Prevention, PACT Coalition, NAMI, State of Nevada Office of Suicide Prevention, Senior Peer Counseling, CARE Coalition, Southern Nevada Harm Reduction Alliance, NV CHW Association, University of Nevada Cooperative Extension

### Performance / Impact
- Trained two staff in Mental Health First Aid and one in Youth Mental Health First Aid
- Provided seven virtual Mental Health First Aid classes
- Trained 178 participants

### Hospital’s Contribution
- Total program expenses $17,639. Program includes contracted facilitators, supplies, and training

## FY 2022 Plan

### Program Goal
Studies show that this program:
### Anticipated Impact
- Saves lives
- Improves the mental health of the individual administering care and the one receiving it
- Expands knowledge of mental illnesses and their treatments
- Reduces overall social distance toward individuals with mental illnesses by improving mental health literacy

People who are trained in the program:
- Have greater confidence in providing help to others
- Greater likelihood of advising people to seek professional help
- Improved concordance with health professionals about treatments
- Decreased stigmatizing attitudes

### Measurable Objective(s) with Indicator(s)
- Continue Virtual Mental Health First Aid through Learning Management Systems.
- Provide 35 virtual classes (25 MHFA and 10 Youth MHFA)
- Teach 300 participants (200 in MHFA and 100 in Youth MHFA)
- Train 2 additional trainers

### Intervention Actions for Achieving Goal
1. Advertise the program on National Council for Behavioral Health website and in the Dignity Health Community Wellness Class Catalog and Website
2. Offer training to staff and volunteers of Dignity Health – St. Rose Dominican
3. Attend Nevada Coalition for Suicide Prevention meetings, PACT Coalition meetings, and NAMI meetings
4. Promote program at special events, health fairs, on social media, and in the community.
5. Partner with key groups to cross-promote program

### Planned Collaboration
Nevada Coalition for Suicide Prevention, PACT Coalition, NAMI, State of Nevada Office of Suicide Prevention, Senior Peer Counseling, CARE Coalition, Southern Nevada Harm Reduction Alliance, NV CHW Association, University of Nevada Cooperative Extension

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### Perinatal Mood and Anxiety Disorders Program

#### Significant Health Needs Addressed
- Access to Care
- Motor Vehicle and Pedestrian Safety
- Violence Prevention
- Substance Use
- Mental Health

#### Program Description
The PMAD (Perinatal Mood and Anxiety Disorders) Program is a Statewide program that offers community trainings, education, support groups and care coordination for all families.

#### CB Category
A1-d. Community Healthy Education – Support Groups

#### FY 2021 Report

**Program Goal / Anticipated Impact**
Reduce mental health stigma, promote and educate health professionals on PMADs and available community resources for their clients/patients, and continue to provide support and care coordination to moms and families experiencing PMADs.

**Measurable Objective(s) with Indicator(s)**
- Educate and train 275 community and health professionals on PMADs.
- Reach 800 moms who attend 9 support groups across the valley (5 Let’s Talk and 4 Mommy Mixer)
- Provide health navigation for 250 clients
- Provide 250 client intakes
- Provide counseling services for 250 clients
**Intervention Actions for Achieving Goal**

Provided PMAD trainings to community and health professionals, support groups, mommy mixers and support with funding therapy. PMAD facilitators have trained over 500 community and health professionals and currently offer 5 support groups – 3 Let’s Talk and 2 Mommy Mixers. The coordinator currently assists moms and families in need of clinical therapy. We help coordinate the family’s insurance mental health provider and assist with funding the therapy if the provider is unable to see the patient within a two-week period.

**Collaboration**

Southern Nevada WIC clinics, Southern NV Health District, United Healthcare, Behavioral Health Options, Baby’s Bounty, Las Vegas Baby Co., State of Nevada Division of Child and Family Services, Maternal Child Health Coalition, UNLV School of Medicine, State Breastfeeding Peer Counselors, southern Nevada OBGYNs and pediatricians.

**Performance / Impact**

- Trained 160 community and health professionals on PMADs
- Reached 80 moms who attended 3 support groups (3 Let’s Talk and 2 Mommy Mixers)
- Completed 137 health navigation
- Completed 137 client intakes
- Provided 177 counseling sessions
- Distributed 600 New Mama Care Kits to moms throughout Southern NV
- Secured 760 radio show spots statewide for PMADs and implemented bus shelter advertisements for 8 weeks
- Hosted Virtual Fall Symposium with 60 attendees
- Attended 40 Community meetings to educate and promote PMAD program resources

**Hospital’s Contribution**

Total program expense $102,914 which included state and local funding. Program includes 1.2 FTEs, therapy services, support groups, supplies and continuing education.

**FY 2022 Plan**

**Program Goal / Anticipated Impact**

Reduce mental health stigma, promote and educate health professionals on PMADs and available community resources for their clients/patients, and continue to provide support and care coordination to moms and families experiencing PMADs.

**Measurable Objective(s) with Indicator(s)**

- Educate and train 100 community and health professionals on PMADs.
- Reach 50 moms who attend 2 support groups across the valley (Mommy Mixer)
- Provide health navigation for 150 clients
- Provide counseling services for 150 clients
- Distribute 600 New Mama Care Kits
- Attend 50 Community meetings to educate and promote PMAD program resources

**Intervention Actions for Achieving Goal**

We will continue to offer PMAD trainings to community and health professionals, provide support groups and Mommy Mixers and fund therapy.

**Planned Collaboration**

Southern Nevada WIC clinics, Southern NV Health District, United Healthcare, Behavioral Health Options, Baby’s Bounty, Las Vegas Baby Co., State of Nevada Division of Child and Family Services, Maternal Child Health Coalition, UNLV School of Medicine, State Breastfeeding Peer Counselors, southern Nevada OBGYNs and pediatricians

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**Senior Peer Counseling**

**Significant Health Needs Addressed**

- Access to Care
- Motor Vehicle and Pedestrian Safety
- Violence Prevention
- Substance Use
- Mental Health
| Program Description | A nation-wide program designed by the Center for Healthy Aging, the Senior Peer Counseling program provides confidential, personal and supportive counseling to people facing the challenges and concerns of growing older, such as: loss and bereavement, retirement, health concerns, relationships, normal aging issues and loneliness. Dignity Health’s counselors are a team of carefully trained volunteers who provide supportive counseling under the close supervision of mental health professionals. |
| CB Category | A1. Community Health Education |

| FY 2021 Report | |

| Program Goal / Anticipated Impact | Discussing concerns with a trained and caring peer counselor can really make a difference in reducing loneliness and depression. Counseling offers an outlet to work through feelings, recognize strengths, consider alternatives, learn new coping skills and redirect your life toward greater meaning and purpose. |

<table>
<thead>
<tr>
<th>Measurable Objective(s) with Indicator(s)</th>
<th>Total Clients</th>
<th>Total Counseling Sessions</th>
<th>Total Intakes</th>
<th>Total Active Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Intervention Actions for Achieving Goal | 1. Recruit, screen, train, and retain peer counselors annually. Provide bi-weekly supervision and ongoing training.  
2. Recruit clients through physician referrals, self-referral, community partners, REACH Magazine and website.  
3. Match clients with an appropriate counselor and monitor through supervision |

| Collaboration | State of Nevada Office of Suicide Prevention, ADSD |

<table>
<thead>
<tr>
<th>Performance / Impact</th>
<th>62 Total Clients</th>
<th>803 Total Counseling Sessions</th>
<th>54 Total Intakes</th>
<th>22 Active Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 Total Referrals to other programs or services</td>
<td>23 Total Clients who have completed counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Hospital’s Contribution | Hospital contribution $90,823 less $8,034 in grant revenue. |

| FY 2022 Plan | |

| Program Goal / Anticipated Impact | Discussing concerns with a trained and caring peer counselor can really make a difference in reducing loneliness and depression. Counseling offers an outlet to work through feelings, recognize strengths, consider alternatives, learn new coping skills and redirect your life toward greater meaning and purpose. |

<table>
<thead>
<tr>
<th>Measurable Objective(s) with Indicator(s)</th>
<th>70 Total Clients</th>
<th>600 Total Counseling Sessions</th>
<th>60 Total Intakes</th>
<th>25 Active Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Total Referrals to other programs or services</td>
<td>25 Total Clients who have completed counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Intervention Actions for Achieving Goal | • Recruit, screen, train, and retain peer counselors. Provide monthly supervision and ongoing training.  
• Recruit clients through physician referrals, self-referral, community partners, REACH Magazine and website.  
• Match clients with an appropriate counselor and monitor counseling through supervision. Expand counselors out to other Centers |

| Planned Collaboration | State of Nevada Office of Suicide Prevention, Nevada Resilience Crisis Support (NEST) |
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.

OTHER PROGRAMS

Breastfeeding
St. Rose Dominican is committed to protecting new mothers milk supply and the nutrition of the baby.
Outcomes: Maintained Baby-Friendly designations for both San Martin and Siena. All outpatient services transitioned to telehealth and zoom and served 156 moms.

Community Coalitions
The Nevada Statewide Maternal and Child Health Coalition (NVMCH) provide leadership to improve the physical and mental health, safety and well-being of the maternal and child population across Nevada.
Outcomes: 663 active members statewide.

Fitness Programs
Provide free and low cost fitness programs to the community. Incorporate mind, body and spirit into these programs and teach the Enhance Fitness evidence-based curriculum that improves balance, strength, flexibility, endurance and emotional well-being. Offered 35 ongoing weekly zoom/hybrid exercise programs generating 30,042 encounters.

Health and Wellness Programs
Enhance quality of life by providing programs that reduce stress, provide education and psychosocial support.
People who move to Las Vegas often leave their support systems behind and suffer from isolation and loneliness, which can have a negative impact on physical and mental health. Outcomes: Reached 574 participants.

Infants, Children & Parenting
Provided programs to enhance baby safety, early bonding, baby development and parenting.
Outcomes: 2,647 participants in zoom classes.

Neighborhood Hospital Wellness Centers
Three Wellness Centers provide classes, consults, support and resources.

Safety/Injury Prevention
Based on community mortality reports, provide education, skills and services to the community on safety for the prevention of injury and death. Target specific groups and needs – teens, new parents, work sites, adults and seniors. Outcome: 175 participants.

Screenings
Provide low or no cost medical and health screenings for the uninsured in our community to detect the early onset of illness and disease.
Provided 20 screenings open to the community.

Support Groups
Provide support to individuals working through the healing process. Most groups did not meet during the past year, but a few met remotely for a total of 549 encounters. Groups started slowly returning in person April 2021.

Transportation Assistance
Transportation program for patients and families to enhance patient access to care including bus passes with a specific focus on vulnerable populations.
Outcomes: Assisted 846 individuals with 24-hour bus passes.

WIC Nutrition Program
A nutrition program for women, infants and children under age 5 providing healthy food, nutritional counseling and education, breastfeeding counseling and breast pumps for low income families at all 3 Centers.
Outcomes: 4,110 clients enrolled in the program.
NON-QUANTIFIABLE BENEFITS

Community Building Activities: St. Rose Dominican engages in a variety of activities to further the mission of advocacy, partnership and collaboration.

- **Kindness Kloset.** Employees donate new sweat pants, sweatshirts, t-shirts, socks and slippers for patients who are being discharged with no clothing to wear home. These patients are discharged from one of the units or from the Emergency Departments at all three campuses.
- **Smoke-Free Campus Initiative.** All three St. Rose Dominican campuses are smoke free and have been recognized by the American Lung Association and the Nevada Cancer Coalition.
- **Healthy Rose Employee Wellness Program.** St. Rose Dominican was recognized as a Silver Level recipient of the American Heart Association’s Fit Friendly Worksites Recognition Program for taking steps to create a culture of wellness for our employees.
- **Sister Robert Joseph Bailey Elementary School - Back-to school supplies and Christmas gifts were donated by employees for over 150 low-income children.**
- **Prayer Shawls** were distributed to over 500 patients at all three campuses, local hospice and partner convalescent rehab centers. These shawls are knitted with love and prayers to help patients heal.
- **Bus Passes and Boxed Lunches** are distributed to walk-ins in need at all three campuses.
- **Community Events.** Many of our employees volunteer their time and money by participating in community events with local charities such as Susan G. Komen Race for the Cure and the American Lung Association Scale the Strat climb.
- **ECHO (Employees Can Help Others)** allows employees to donate spare change and other funds to help fellow employees who need financial assistance with rent/mortgage, utilities and other payments while going through family crisis. These funds are distributed through the ECHO committee which handles all requests.
## Economic Value of Community Benefit

<table>
<thead>
<tr>
<th>524 St. Rose Dominican - San Martin</th>
<th>Complete Summary - Classified Including Non Community Benefit (Medicare)</th>
<th>For period from 7/1/2020 through 6/30/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons</td>
<td>Expense</td>
</tr>
<tr>
<td><strong>Benefits for Poor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>3,313</td>
<td>7,437,200</td>
</tr>
<tr>
<td>Medicaid</td>
<td>7,426</td>
<td>31,911,741</td>
</tr>
<tr>
<td>Means-Tested Programs</td>
<td>1</td>
<td>372</td>
</tr>
<tr>
<td><strong>Community Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A - Community Health Improvement Services</td>
<td>0</td>
<td>9,374</td>
</tr>
<tr>
<td>E - Cash and In-Kind Contributions</td>
<td>2</td>
<td>92,286</td>
</tr>
<tr>
<td><strong>Totals for Community Services</strong></td>
<td>2</td>
<td>101,660</td>
</tr>
<tr>
<td><strong>Totals for Poor</strong></td>
<td>10,742</td>
<td>39,450,973</td>
</tr>
<tr>
<td><strong>Benefits for Broader Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A - Community Health Improvement Services</td>
<td>1</td>
<td>30,520</td>
</tr>
<tr>
<td>B - Health Professions Education</td>
<td>25</td>
<td>584,670</td>
</tr>
<tr>
<td>E - Cash and In-Kind Contributions</td>
<td>222</td>
<td>2,605</td>
</tr>
<tr>
<td><strong>Totals for Community Services</strong></td>
<td>248</td>
<td>617,795</td>
</tr>
<tr>
<td><strong>Totals for Broader Community</strong></td>
<td>248</td>
<td>617,795</td>
</tr>
<tr>
<td><strong>Totals - Community Benefit</strong></td>
<td>10,990</td>
<td>40,068,768</td>
</tr>
<tr>
<td>Medicare</td>
<td>9,979</td>
<td>82,059,436</td>
</tr>
<tr>
<td><strong>Totals with Medicare</strong></td>
<td>20,969</td>
<td>122,128,204</td>
</tr>
</tbody>
</table>

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.
## Hospital Board and Committee Rosters

### Community Board Members
**July 1, 2020 – June 30, 2021**

<table>
<thead>
<tr>
<th>Community Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maggie Arias-Petrel</td>
</tr>
<tr>
<td>CEO, Global Professional Medical Consulting</td>
</tr>
<tr>
<td>Jon Van Boening</td>
</tr>
<tr>
<td>Nevada Market Leader and President/CEO</td>
</tr>
<tr>
<td>Dignity Health – St. Rose Dominican Siena</td>
</tr>
<tr>
<td>Cynthia Cammack, O.P.</td>
</tr>
<tr>
<td>Nursing Services Specialist, Hospice By The Bay</td>
</tr>
<tr>
<td>Patricia Dulka, O.P</td>
</tr>
<tr>
<td>Holy Rosary Chapter Prioress</td>
</tr>
<tr>
<td>Adrian Dominican Sisters</td>
</tr>
<tr>
<td>Patrick Hays</td>
</tr>
<tr>
<td>Retired</td>
</tr>
<tr>
<td>Sean McBurney</td>
</tr>
<tr>
<td>Senior Vice President and General Manager</td>
</tr>
<tr>
<td>Caesars Entertainment</td>
</tr>
</tbody>
</table>

### Community Health Advisory Committee (CHAC) Members
**July 1, 2020 – June 30, 2021**

<table>
<thead>
<tr>
<th>Community Health Advisory Committee (CHAC) Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister Phyllis Sikora, O.P., Chairperson</td>
</tr>
<tr>
<td>Service Area Vice President of Mission Integration &amp; Spiritual Care</td>
</tr>
<tr>
<td>Polly Bates</td>
</tr>
<tr>
<td>Grant Manager, Foundation</td>
</tr>
<tr>
<td>Nicole Bungum, MS, CHES</td>
</tr>
<tr>
<td>Supervisor, Office of Chronic Disease Prevention &amp; Health Promotion, SNHD</td>
</tr>
<tr>
<td>Sr. Patricia Dulka</td>
</tr>
<tr>
<td>Holy Rosary Chapter Prioress, Adrian Dominican Sisters</td>
</tr>
<tr>
<td>Jennifer Trinkle</td>
</tr>
<tr>
<td>Helping Hands Manager</td>
</tr>
<tr>
<td>Mark Domingo</td>
</tr>
<tr>
<td>Community Health Manager</td>
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<td></td>
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</tbody>
</table>