

Dignity Health - St. Rose Dominican San Martín

Community Benefit 2021 Report and 2022 Plan

Adopted November 2021



Dignity Health®

St. Rose Dominican
San Martín Campus

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 border="1"> <tbody> <tr> <td> • Access to Care • Motor Vehicle and Pedestrian Safety </td><td> • Violence Prevention • Substance Use • Mental Health </td></tr> </tbody> </table>	• Access to Care • Motor Vehicle and Pedestrian Safety	• Violence Prevention • Substance Use • Mental Health
• Access to Care • Motor Vehicle and Pedestrian Safety	• Violence Prevention • Substance Use • Mental Health		
FY21 Programs and Services 	The hospital delivered several programs and services to help address identified significant community health needs. These included: • <u>Access to care</u>: Nevada Health Link & Medicaid Enrollment, Medicare Assistance Program, Helping Hands Program, Engelstad Foundation RED Rose Program Navigation, Patient Financial Assistance; Funding Grantees such as Catholic Charities, Lend A Hand of Boulder City • <u>Motor vehicle and pedestrian safety</u>: Zero Fatalities Program Partnership, Car Seat Safety Checks, Advocacy • <u>Violence prevention</u>: Human Trafficking Response Program, Mental Health First Aid (Adult and Youth), SafeTALK Suicide Prevention, Senior Peer Counseling; Funding Grantees such as Rape Crisis Center • <u>Substance use</u>: Mental Health First Aid (Adult and Youth), EMPOWERED Program, Let’s Talk Support Groups, AA & NA groups; Funding Grantees such as Foundation for Recovery • <u>Mental health</u>: 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: • <u>Access to care</u>: Nevada Health Link & Medicaid Enrollment, Nevada Medicare Assistance Program, Helping Hands 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 • <u>Motor vehicle and pedestrian safety</u>: Zero Fatalities Program Partnership, AARP Drivers Safety, Car Seat Safety Checks, Advocacy • <u>Violence prevention</u>: Human Trafficking Response Program, Parent Gun Safety Classes, Mental Health First Aid (Adult and Youth), SafeTALK Suicide		

Prevention, Senior Peer Counseling; Funding Grantees such as Rape Crisis Center, Solutions for Change

- Substance use: Mental Health First Aid (Adult and Youth), Let's Talk Support Groups, AA & NA groups; Funding Grantees such as Foundation for Recovery, Solutions for Change
- 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, Solutions of Change

This document is publicly available online at <https://www.dignityhealth.org/las-vegas/about-us/serving-the-community>

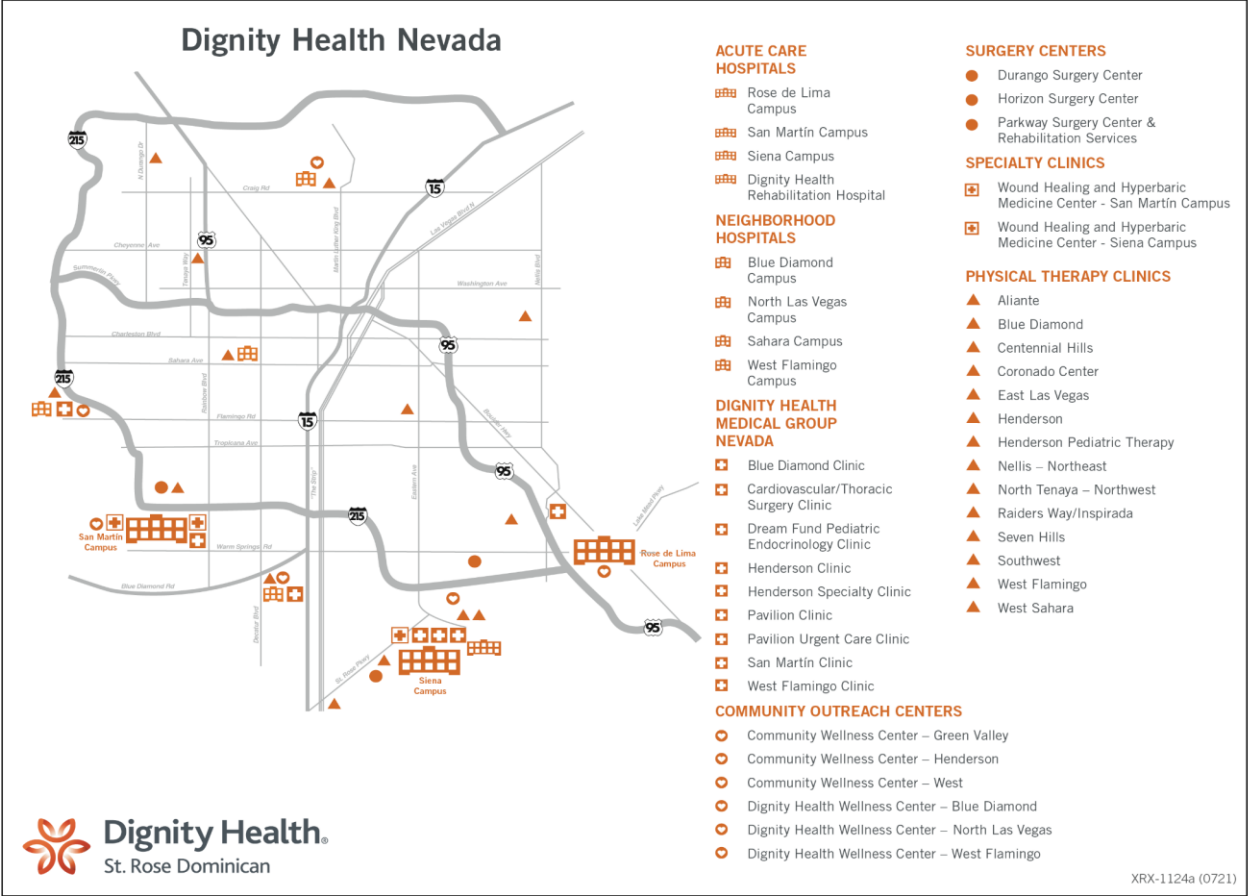
Written comments on this report can be submitted to Dignity Health – St. Rose Dominican Community Health Program at 2651 Paseo Verde Parkway, Suite 180, Henderson, NV 89074 or by e-mail to holly.lyman@dignityhealth.org.

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 Martín 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 Martín'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 Healogsics 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%

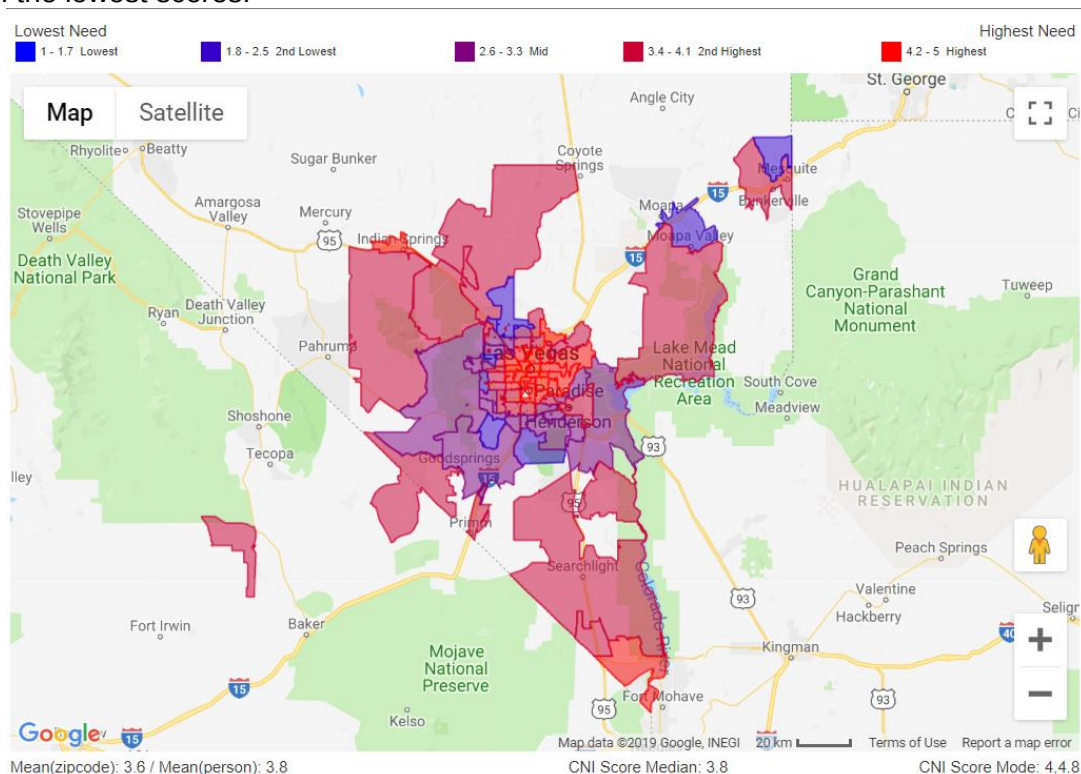
Uninsured (household) 5.5%

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 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.

 Health Need: Access to Care			
Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Nevada Health Link & Medicaid Enrollment	Enrollment assistance for uninsured individuals and families.	☒	☒
Medicare Assistance Program	Assists Medicare beneficiaries, their families and caregivers by providing free unbiased Medicare counseling and enrollment in Medicare Savings Programs.	☒	☒
Catholic Charities	GRANTEE - Renewing Hope Program helps homeless men with housing, employment, and access to primary and specialty health care.	☒	☒
Helping Hands Program	Provide home-bound seniors with transportation to doctor appointments, pharmacy, grocery and other needs.	☒	☒
Lend a Hand of BC	GRANTEE - Provide home-bound seniors in Boulder City with transportation to doctor appointments.	☒	☒

Engelstad Foundation RED Rose	Breast cancer screening and navigation for uninsured and/or undocumented women.	☒	☒
Roseman University	GRANTEE - Roseman Medicare Call Center assists seniors in accessing healthcare including Medicare Savings Programs.	☒	☒
College of Southern Nevada	GRANTEE - Community Health Worker students help vulnerable seniors access and understand healthcare options.	☒	☒
Patient Financial Assistance	Educate and inform patients and the community about our hospital's financial assistance policy.	☒	☒
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			

 Health Need: Violence Prevention			
Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Human Trafficking Response Program	Ensure that trafficked persons are identified in the health care setting and are assisted with victim-centered, trauma-informed care and services.	☒	☒
Mental Health First Aid (Adult & Youth)	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.	☒	☒
SafeTALK Suicide Prevention	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.	☒	☒
Parent Gun Safety Class	Educate parents on gun safety through prenatal classes and ongoing education.	☒	☒
Senior Peer Counseling	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.	☒	☒
Rape Crisis Center	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.	☒	☒
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

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Zero Fatalities	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.	☒	☒
Advocacy	Partner with the Nevada Zero Fatalities Occupant Protection Task Force to advocate upgrading NRS 484D.495 to a Primary Seat Belt Law.	☒	☒
AARP Drivers Safety	Provide driver's safety courses for seniors throughout the valley.	☐	☒
Car Seat Safety Checks	Provide car seat safety checks throughout the valley.	☒	☒
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

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
EMPOWERED	(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.	☒	☐
Mental Health First Aid (Adult & Youth)	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.	☒	☒
Alcoholics & Narcotics Anonymous	Provide space, promotion and support for AA and NA support groups. Add SMART Recovery Group for all addictions.	☒	☒
Foundation for Recovery	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.	☒	☐
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

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Senior Peer Counseling	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.	☒	☒
Mental Health First Aid (Adult & Youth)	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.	☒	☒
Let's Talk Support Groups	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.	☒	☒
Perinatal Mood and Anxiety Disorder (PMAD)	Provides community trainings, education, support groups, counseling and care navigation for all families with perinatal mood and anxiety disorders.	☒	☒
CARE Project	GRANTEE – Solutions of Change will provide therapy in North Las Vegas	☒	☐
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.

Grant Recipient	Project Name	Amount
Catholic Charities of Southern Nevada	Health, Hope, and Housing	\$50,000
College of Southern Nevada	Community Health Worker Students Helping COVID-Vulnerable Elders	\$50,000
Foundation for Recovery	Recovery Coaching in the ER	\$40,000
Lend a Hand of Boulder City	Senior Transportation and Respite Care	\$20,000
Rape Crisis Center	Child Abuse Prevention and Services	\$88,551
Roseman University of Health Sciences	Medicare Call Center	\$65,000
Solutions of Change	North Las Vegas CARE Project	\$40,000

Program Digests

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

 Medicaid/Nevada Health Link Enrollment & Medicare Assistance Program	
Significant Health Needs Addressed	☒ Access to Care ☐ Motor Vehicle and Pedestrian Safety ☐ Violence Prevention ☐ Substance Use ☐ Mental Health
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	
Program Goal / Anticipated Impact	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.
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

Hospital Contribution	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.
FY 2022 Plan	
Program Goal / Anticipated Impact	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.
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 supplemental groceries to low-income/homebound seniors, 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	
Program Goal / Anticipated Impact	Increase breast cancer screening to diagnose breast cancer as early as possible for uninsured and/or undocumented clients.
Measurable Objective(s)	Total services provided leading to cancer diagnosis, financial assistance and Medicaid/Health Plan enrollment assistance.
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
Collaboration	Engelstad Foundation Endowment, Susan G. Komen Foundation, National Breast Cancer Foundation Radiology Associates, Southern Nevada Surgery, St. Rose Outpatient Radiology, Nevada Cancer Coalition, Access to Healthcare Network
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 and 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	
Program Goal / Anticipated Impact	Increase breast cancer screening to diagnose breast cancer as early as possible for uninsured and/or undocumented clients.
Measurable Objective(s) with Indicator(s)	220 Eligibility Screenings 75 Clinical Breast Exams 100 Mammograms 80 Ultrasounds

	15 Surgical consultations 30 Biopsies 30 Total Temporary Financial Assistance Provided
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.
Planned Collaboration	Engelstad Family Foundation, Susan G. Komen Nevada, Radiology Associates, Southern Nevada Surgery Specialists, St. Rose Outpatient Radiology, Nevada Cancer Coalition, Mexican Consulate, Women's Health Connection, University of Nevada Cooperative Extension, Access to Healthcare Network, Southern Nevada Health District



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.

Performance / Impact	Due to COVID-19 restrictions to protect the most vulnerable and the community at large, program outcomes for FY21 have been impacted. <u>Diabetes Prevention/NDPP:</u> • 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 <u>AADE Program:</u> • 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 <u>DSMP:</u> • \$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.
FY 2022 Plan	
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)	<u>Diabetes Prevention:</u> Increase the number of participants in prediabetes classes by 10%. Host two NDPP Leader Trainings. Initiate 2 NDPP cohorts in community settings <u>ADCES Program:</u> 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 <u>Stanford DSMP:</u> Expand the Diabetes Self- Management Program by delivering 1 leader training. Collaborate with organizations to host DSMP to underserved communities
Intervention Actions	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.
Planned Collaboration	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



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 Salude, 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	
Program Goal	Expand access to evidence-based programs for people with chronic disease and other risk factors
Measurable Objective(s) with Indicator(s)	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
Intervention Actions for Achieving Goal	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
Collaboration	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 Health Foundation, Southern Nevada Health District, Aid for AIDS of Nevada, The Center-LGBTQ
Performance / Impact	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
Hospital's Contribution	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.
FY 2022 Plan	
Program Goal	Expand access to evidence-based programs for people with chronic disease and other risk factors
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:

	- 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 - Deliver 18 workshops (12 in English) (6 in Spanish) - Enroll 200 people in Powerful tools for Caregivers and have 150 completers - Conduct 1 leader training and certify 10 new leaders FALL PREVENTION: - Secure grant funding. Expand the Nevada Goes Falls Free Coalition, increase fall risk screenings - Provide three Stepping On Classes with 30 completers (not sure due to COVID) - Provide five TJQMBB with 50 completers - Conduct one 2-day TJQMBB Facilitator Training - Conduct fall risk screenings quarterly ENHANCE FITNESS: Expand program to all 6 centers. Host an instructor training, and expand program to community partners. (Unsure due to COVID) - Provide 1,000 classes generating 15,000 fitness encounters - Increase fitness measures by 5%
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



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

FY 2021 Report

Program Goal / Anticipated Impact	1. Zero Fatalities by 2030 2. Zero Teen Fatalities by 2021 3. Maintain Zero Infant/Child fatalities for ages one day - 2 years
Measurable Objective(s) with Indicator(s)	• 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 3. Maintain Zero Infant/Child fatalities for ages one day - 2 years
Measurable Objective(s) with Indicator(s)	• 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
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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

Significant Health Needs Addressed	✓ Access to Care ❑ Motor Vehicle and Pedestrian Safety ❑ Violence Prevention ✓ Substance Use ❑ Mental Health
Program Description	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: • Education on Neonatal Abstinence Syndrome (NAS) • Developmental assessments • Postpartum support for one year after delivery • Breastfeeding support • Parenting classes and education on the hospital stay • Infant CPR • Support groups
CB Category	A1. Community-based clinical services
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.
Measurable Objective(s) with Indicator(s)	- Total referrals - Total mothers enrolled - Total education encounters - Total developmental assessments
Intervention Actions for Achieving Goal	• Monthly community outreach • Facilitate educational and informational sessions in various community settings • Provide education and support through prenatal consultations • Conduct developmental screenings on infants from birth to 1 year to assess developmental progress from opioid exposure during pregnancy • Provide client access to community resources
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
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:
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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



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 Mixer) • 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



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.
Measurable Objective(s) with Indicator(s)	Total Clients Total Counseling Sessions Total Intakes Total Active Counselors
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
Performance / Impact	62 Total Clients 803 Total Counseling Sessions 54 Total Intakes 22 Active Counselors 32 Total Referrals to other programs or services 23 Total Clients who have completed counseling
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.
Measurable Objective(s) with Indicator(s)	70 Total Clients 600 Total Counseling Sessions 60 Total Intakes 25 Active Counselors 30 Total Referrals to other programs or services 25 Total Clients who have completed counseling
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 Closet.** 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

524 St. Rose Dominican - San Martín					
Complete Summary - Classified Including Non Community Benefit (Medicare)					
For period from 7/1/2020 through 6/30/2021					
	Persons	Expense	Revenue	Net Benefit	% of Expense
<u>Benefits for Poor</u>					
Financial Assistance	3,313	7,437,200	0	7,437,200	3.6%
Medicaid	7,426	31,911,741	12,035,163	19,876,578	9.7%
Means-Tested Programs	1	372	88	284	0.0%
Community Services					
A - Community Health Improvement Services	0	9,374	0	9,374	0.0%
E - Cash and In-Kind Contributions	2	92,286	0	92,286	0.0%
Totals for Community Services	2	101,660	0	101,660	0.0%
Totals for Poor	10,742	39,450,973	12,035,251	27,415,722	13.4%
<u>Benefits for Broader Community</u>					
Community Services					
A - Community Health Improvement Services	1	30,520	0	30,520	0.0%
B - Health Professions Education	25	584,670	0	584,670	0.3%
E - Cash and In-Kind Contributions	222	2,605	0	2,605	0.0%
Totals for Community Services	248	617,795	0	617,795	0.3%
Totals for Broader Community	248	617,795	0	617,795	0.3%
Totals - Community Benefit	10,990	40,068,768	12,035,251	28,033,517	13.7%
Medicare	9,979	82,059,436	61,145,684	20,913,752	10.2%
Totals with Medicare	20,969	122,128,204	73,180,935	48,947,269	23.9%

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

Maggie Arias-Petrel
CEO, Global Professional Medical Consulting

Jon Van Boening
Nevada Market Leader and President/CEO
Dignity Health –St. Rose Dominican Siena

Cynthia Cammack, O.P.
Nursing Services Specialist, Hospice By The Bay

Patricia Dulka, O.P.
Holy Rosary Chapter Prioress
Adrian Dominican Sisters

Patrick Hays
Retired

Sean McBurney
Senior Vice President and General Manager
Caesars Entertainment

Patricia McDonald
Adrian Dominican Sister

John Oh, MD
Chief of Staff, San Martin Campus

Timothy Sauter, MD
Chief of Staff, Siena/Rose de Lima Campuses

John Socha, Board Vice Chair
Vice President, Health Center Strategy & Development, Culinary Health Fund

Julie Sprengel
Southwest Division President
Dignity Health Hospitals

Mark Wiley
Mark Wiley Realty

Kate Zhong
Physician/CEO, CNS Innovations

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

Sister Phyllis Sikora, O.P., Chairperson
Service Area Vice President of Mission
Integration & Spiritual Care

Polly Bates
Grant Manager, Foundation

Nicole Bungum, MS, CHES
Supervisor, Office of Chronic Disease
Prevention & Health Promotion, SNHD

Sr. Patricia Dulka
Holy Rosary Chapter Prioress, Adrian
Dominican Sisters

Jennifer Trinkle
Helping Hands Manager

Mark Domingo
Community Health Manager

Dr. Shawn Gerstenberger
Dean, UNLV School of Community Health
Sciences

Patricia Lindberg
Retired, Community Member

Holly Lyman, MPH, CLC
Director Community Health

Sister Patricia McDonald
Adrian Dominican Sisters

Deacon Thomas A. Roberts
President and CEO
Catholic Charities of Southern Nevada

Shelley Williams, RN, CDE
Lead Diabetes Educator