

Chandler Regional Medical Center

Community Benefit 2020 Report and 2021 Plan

Adopted October 2020



A message from

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

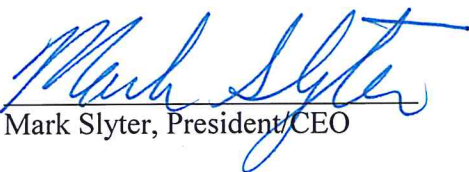
Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial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

Chandler Regional Medical Center (CRMC) 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 2020 Report and 2021 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

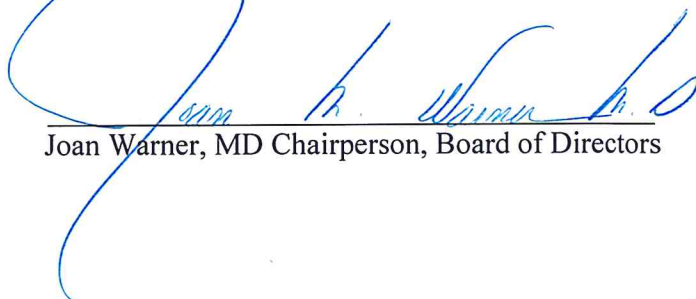
In fiscal year 2020 (FY20), Chandler Regional Medical Center provided \$45,363,910 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$40,740,295 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2020 Report and 2021 Plan at its October 20, 2020 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 (480) 728-5717.



Mark Slyter, President/CEO






Joan Warner, MD Chairperson, Board of Directors

Table of Contents

| | |
|---|-----------|
| At-a-Glance Summary | 3 |
| Our Hospital and the Community Served | 5 |
| About Chandler Regional Medical Center | 5 |
| Our Mission | 5 |
| Financial Assistance for Medically Necessary Care | 5 |
| Description of the Community Served | 6 |
| Community Need Index | 7 |
| Community Assessment and Significant Needs | 8 |
| Community Health Needs Assessment | 8 |
| Significant Health Needs | 8 |
| 2020 Report and 2021 Plan | 9 |
| Creating the Community Benefit Plan | 10 |
| Impact of the Coronavirus Pandemic | 11 |
| Report and Plan by Health Need | 13 |
| Community Grants Program | 20 |
| Program Digests | 20 |
| Other Programs and Non-Quantifiable Benefits | 41 |
| Economic Value of Community Benefit | 44 |
| Hospital Board and Committee Rosters | 45 |
| Financial Assistance Policy Summary | 47 |

At-a-Glance Summary

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| <p>Community Served</p>  | <p>The City of Chandler, population of 265,438 as of Aug. 1, 2020 with an incorporated area of 64.90 square miles is primarily served by Chandler Regional Medical Center (CRMC) for acute care and trauma services. Surrounding communities also being served by CRMC include Gilbert, Queen Creek, Mesa, Tempe, Maricopa, Ahwatukee, Sacaton, Coolidge, Apache Junction, Mesa, Casa Grande, Gila River Indian Reservation, and Guadalupe. Chandler is a diverse and growing community and is also home to nationally recognized employers representing a wide range of industries such as High Tech Manufacturing & Development, Finance and Insurance, and Educational Services.</p> <p>Chandler Regional Medical Center is a comprehensive acute-care hospital that provides a full spectrum of services including a Level I Trauma Center, open heart surgery program, neurosurgery, orthopedics, and high risk obstetrics and newborn services. With 338 acute-care licensed beds, more than 2541 employees and 1116 physicians representing all major specialties, Chandler Regional Medical Center provides comprehensive care, from routine check-ups and diagnostic services to a wide range of specialties including advanced diagnostic, surgical, robotics and intensive care services.</p> <p>Construction recently began on a 220,000-square-foot new tower that will add 96 patient beds and 200 jobs. It will be the facility's fourth medical tower and bring the total bed count to 429.</p> | | |
| <p>Economic Value of Community Benefit</p>  | <p>In Fiscal year 2020 Chandler Regional Medical Center provided \$45,363,910 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits. In addition, Chandler Regional Medical Center provided \$40,740,295 in unreimbursed costs of caring for patients covered by Medicare.</p> | | |
| <p>Significant Community Health Needs Being Addressed</p>  | <p>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:</p> <table border="1"> <tbody> <tr> <td> <ul style="list-style-type: none"> • Access to Care • Mental Health & Behavioral Health • Diabetes • Breast Cancer </td><td> <ul style="list-style-type: none"> • Injury Prevention • Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/homelessness - Transportation </td></tr> </tbody> </table> | <ul style="list-style-type: none"> • Access to Care • Mental Health & Behavioral Health • Diabetes • Breast Cancer | <ul style="list-style-type: none"> • Injury Prevention • Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/homelessness - Transportation |
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FY20 Programs and Services



The hospital delivered several programs and services (virtually and/or in-person) to help address identified significant community health needs. These included:

- ACTIVATE: Transitional Care Program
- Building Blocks for Children Hearing and Vision Screening
- Immunization Program (children and adults)
- Dignity Health Children's Dental Clinic
- Early Childhood Oral Health Program
- Patient Financial Services
- Community Education: Prenatal Classes and Support Groups
- Community Education: Perinatal Mood Disorder Therapy sessions
- Injury Prevention education: Matter of Balance, Stop the Bleed, Safe Sitter, and Pediatric Basic Life Support
- Healthy Families
- Center for Diabetes Management: Type I, Type II, gestational, free community support group, insulin management
- Prevent Type 2 Diabetes (T2)
- Healthier Living: Chronic Disease Self-Management
- Dignity Health Community Investment program
- Homeless Patients Initiative - Clothing, meals, medications, and transportation

FY20 Dignity Health East Valley Community Grants Program awarded eight Communities of Care collectively addressing the hospital's identified health priorities from the most recently conducted CHNA and needs exasperated by the COVID-19 pandemic.

FY21 Planned Programs and Services



Continue FY20 programs as noted under FY20 programs and services
Adding FY21:

- Zero Suicide Prevention Navigation Program
- New Community of Care grantee's addressing health priorities
- 2021 East Valley Community of Care Grantees programs are :
 - East Valley I-HELP Coalition
 - East Valley Perinatal Network
 - Partnership to Build Resilient Families
 - Safe at Home
 - Senior Community Wellness Coalition
 - BRAVE Connections
 - Freedom House Transitional Living
 - Identification, Resources & Support for Survivors of Sex Trafficking Women ages 18-24
 - Youth Mental Health Collective
- Chandler Children's Medical Clinic
- Data share project with Dignity Health and Maricopa County Department of Public Health
- 2022 CHNA planning with additional focus on:

- Impact of COVID-19
- Racial Inequity

This document is publicly available online at

<https://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/community-benefit-outreach/benefits-reports>

Written comments on this report can be submitted to the Community Health Department to Kathleen Dowler, Director Community Health at 1760 E. Pecos Road, Suite 235, Gilbert AZ, 85295 or by e-mail to Chandler-CHNA@DignityHealth.org.

Our Hospital and the Community Served

About Chandler Regional Medical Center

Chandler Regional Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health. Chandler Regional Medical Center (CRMC), is the longest established hospital in the southeast valley, providing more than 55 years of service to the community. CRMC has grown into a comprehensive acute-care hospital that provides a full spectrum of services including a Level I Trauma Center, open heart surgery program, neurosurgery, orthopedics, high risk obstetrics and newborn services. With 338 acute-care licensed beds, more than 2541 employees and over 1116 physicians, CRMC provides comprehensive care, from routine check-ups and diagnostic services to a wide range of specialties including advanced diagnostic, surgical, robotics and intensive care services.

Our Mission

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

Our Vision

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

Financial Assistance for Medically Necessary Care

Chandler Regional Medical Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of our 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 defines the community served by a hospital as those individuals residing within its primary and secondary service areas. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The primary service area for CRMC includes the zip codes making up the top 75% of the total patient cases. The City of Chandler is primarily served by CRMC for acute care and trauma services.

Surrounding communities also being served by CRMC include Gilbert, Mesa, Tempe, Ahwatukee, Sacaton, Apache Junction, Casa Grande, Pinal County, Gila River Indian Reservation, and Guadalupe.

Chandler is home to several major industrial firms that include Intel, Microchip, and Northrop Grumman Corporation. However, despite strong economic growth, there continue to be many factors and social determinants of health in the suburban Chandler communities that need to be addressed in order to improve the health and wellbeing for the broader community and the underserved.

Challenges for this community include high rates of poverty, violence-associated injuries, a large non-English speaking population, and low education attainment, all of which create barriers to access. Downtown Chandler has a significant population of uninsured and underinsured non-English speaking persons of all age groups. A large majority of this population is also indigent with their primary source of income through day labor and seasonal work. Zip code areas with the highest risks include 85122, 85128, 85139, 85202, 85225, and 85283.

As with other communities across the nation, the City of Chandler has been significantly impacted and challenged by COVID-19. The town's governance, businesses, nonprofits and faith communities collectively responded to the needs of community exasperated by the COVID 19 pandemic.

A summary description of the community is below. Additional details can be found in the CHNA report online.

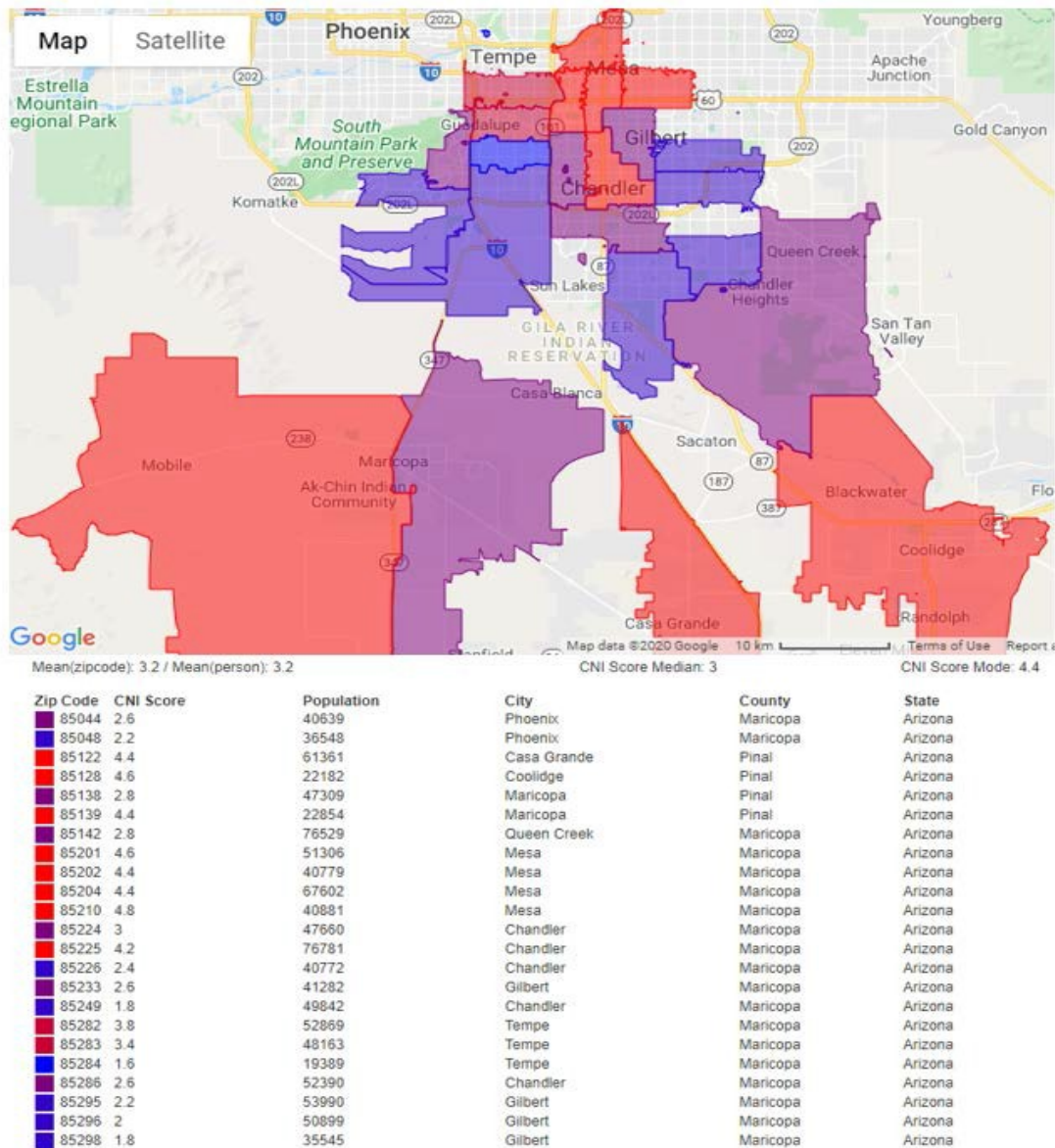
| | |
|--|------------------|
| Total Population | 1,116,832 |
| Race | |
| White - Non-Hispanic | 55.6% |
| Black/African American - Non-Hispanic | 5.4% |
| Hispanic or Latino | 26.9% |
| Asian/Pacific Islander | 6.4% |
| All Others | 5.8% |
| Total Hispanic & Race | 100.0% |
| % Below Poverty | 8.1% |
| Unemployment | 4.8% |
| No High School Diploma | 9.5% |
| Medicaid (household) | 8.9% |
| Uninsured (household) | 4.7% |
| Source: Claritas Pop-Facts® 2020; 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. Zip code areas with the highest risks include: 85210, 85128 and 85201.



Community Assessment and Significant Needs

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

Community Health Needs Assessment

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

The CHNA contains several key elements, including: description of the assessed community served by the hospital, description of assessment processes and methods, presentation of data, information and findings, including significant community health needs, community resources potentially available to help address identified need, and discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/community-benefit-outreach/benefits-reports> or upon request at the hospital's Community Health office.

Significant Health Needs

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

A. Access to Care

Community members and key informants overwhelmingly felt that access to care is an important issue for the community. Within CRMC's primary service area, community survey respondents reported access to care as the number one most important "health problem" that impacts their community. There are also disparities experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians being least likely to have insurance and poverty rates among American Indians (30.1%) in the CRMC primary service area higher than Maricopa County rates (27.4%).

B. Mental/Behavioral Health

Mental health was ranked as the most important health problem impacting the community by key informants. This was echoed by participants in the focus groups who believe mental health is one of top health issues impacting community residents. Mental health is ranked 9th in leading causes of emergency department visits and 7th in inpatient hospitalizations for CRMC's primary service area, and the highest rates of visits can be attributed to adults ages 25 to 34. Specific areas of concern and focus are substance abuse and suicide.

C. Diabetes

In 2016, the number of deaths related to diabetes decreased in Maricopa County compared to 2015, however, the incidence of diabetes is on the rise. Although death rates are decreasing county it is still the seventh leading cause of death in both Maricopa County and CRMC's primary service area indicating a sustained health need. In CRMC primary service area diabetes mortality rates are highest among ages 75+ years of age.

D. Breast Cancer

Breast cancer is the second most common cancer among women in the United States. About 1 in 8 women in the U.S. will develop invasive breast cancer during their lifetime. While advancements continue to be made in the fight against breast cancer, incidence rates in Maricopa County continue to be highest among white non-Hispanic and blacks. In the CRMC primary service area, breast cancer mortality rates among women ages 35-44 are higher than Maricopa County.

E. Injury Prevention

Unintentional injuries, including traffic-related injuries, falls, burns, poisonings, and drowning were responsible for lost lives in the CRMC primary service area. Unintentional injury is the fifth leading cause of death in Maricopa County and sixth leading cause of death in the CRMC's primary service area. It is also the leading cause of emergency department visits and the second leading cause of inpatient discharges.

F. Social determinants of health

Dignity Health CRMC is dedicated to making a positive impact on the social determinants of health, particularly on the health of those economically-disadvantaged communities. Resources that enhance quality of life can have a significant influence on population health outcomes. CRMC will focus on addressing homelessness, food insecurity, and transportation within their primary service area.

2020 Report and 2021 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 FY20 and planned activities for FY21, 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

Chandler Regional Medical Center 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.

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

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

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

Additionally, CRMC abides by the nice Dignity Health Mission Standards that include Organizational Identity, Spirituality and Culture, Ethical Principles, and Community Health and the Common Good. The Mission standards serve as a foundation and guide as we further our mission of compassion, advocacy and partnership. Standards 7 – 9 under Community Health and Common Good align with the scope of work recommended in the Implementation Strategy.

Standard 7: Dignity Health partners with others in the community to improve the quality of life.

Standard 8: Dignity Health employs a variety of approaches, including advocacy, innovation and philanthropy, to address the social, political and economic structures that affect the health of persons, especially those most vulnerable.

Standard 9: Dignity Health exercises responsible stewardship of the environment and partners with others to advance ecological initiatives.

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

Impact of the Coronavirus Pandemic

Community Impact

Since March 2020 towns and cities within the Mercy Gilbert Medical Center (MGMC) and Chandler Regional Medical Center (CRMC) service areas have been addressing the needs of the community as a result of the coronavirus (COVID-19) pandemic. The most pressing needs for the community include:

Access to healthcare services for uninsured, increasing unemployed, and homeless. While some community based nonprofit agencies were able to continue some level of service, many had to close or reduce availability during the most critical time of the pandemic.

Emergency Assistance:

- Food
- Utilities, rent, mortgage
- Basic home needs
- Unemployment and job assistance

Safety:

- Maintain safe environments at work, home, school and community with mask, hand sanitizer, social distancing, and limited gatherings
- Gilbert PD actually saw a rise in domestic violence cases

Physical Health and Mental Health:

- Impact of coronavirus and community spread
- Increased anxiety, depression, isolation, and suicidal ideation
- Stress related to:
 - Impact of pandemic economically, socially, physically
 - Work environment
 - Sick family members
 - Home schooling
 - Working from home
 - Unknown future

Economic Impact:

- Increased unemployment
 - reduced job availability

Community and Hospitals response to needs in FY20

Community:

- Town Halls
 - Town of Gilbert's Chamber of Commerce hosted Town Halls for local businesses
 - Dignity Health, Town of Gilbert, and Chamber of Commerce from Gilbert and Mesa hosted virtual nonprofit town halls
- Help Enable Local Pandemic Response (HELPR), volunteer coordinators across 14 church campuses who assisted in coordinating volunteers respond to needs by residents and non-profits. Faith communities such as Mission Community Church lead responding to needs of community members and agencies
 - Food Drives coordinated by Town of Gilbert to benefit United Food Bank, Midwest Food Bank and local food pantries. They had 22 locations volunteer to assist : 120 bins of food = 85,000 lbs., \$32,000 in cash donations, United = \$21,500, Midwest = \$2,145, Open Arms = \$6,100, Matthew's Crossing = \$100, AZCEND = \$1,151, Mission = \$945 with a total of Food +Cash = 262,000 meal
 - School districts responded to student and family needs during the school closure with delivery food and school supplies
 - COVID-19 updates and resources posted on town or city websites
- Town of Queen Creek utilized monies freed up as a result of Arizona CARES funds to implement small business assistance/grants. Based award as a result of the "public health benefit" supplying businesses with funds to purchase PPE, enhance cleaning and sanitization, etc.
- In response to the pandemic the City of Mesa:
 - conducted food distribution events with United Food Bank and Midwest Food Bank
 - created food drives
 - supported restaurant buyouts for healthcare workers
 - implemented Adopt-A-Grandparent food box program
 - supported small business reemergence grants covering utilities and rent/mortgage
 - supported small business technical assistance program
 - resourced utility assistance for residents, by making available \$18 million to assist in support of business community at the following link glbrt.is/BizPrograms
 - InspireMesa helps residents stay connected and healthy while staying at home
- In response to the pandemic the Town of Gilbert has been able to support the non-profit community with the following funding support:
 1. CDBG-CV funds \$568,026
 - i. Supporting Rent & Utility assistance, Senior Meals & DV Advocacy
 2. Arizona CARES Special Allocation \$2M
 - ii. Applications currently being reviewed and anticipate contracts will start in October
 3. CDBG-CV3 funds \$1,125,188
 - iii. New announced funding from HUD that will be available in the next few months

Hospital:

- Receiving and distributing PPE to local nonprofits
- Dignity Health sponsored food and clothing drives
- Moderating nonprofit town halls
- Created nonprofit survey with the Town of Gilbert

- Dignity Health Community Outreach programs converted to virtual platform
- Tele-dentistry offers free (limited) dentistry to children virtually
- Participated with City of Phoenix and Maricopa County homeless initiative to ensure safety of homeless population during pandemic


Hospitals anticipated response to needs in FY21

- Facilitation of the Dignity Health Community of Care Grants Program and Investment programs addressing needs exasperated by the pandemic
- Advisory to Maricopa County Department of Public Health COVID-19 assessment process
- Continuing outreach programs and services using CDC Guidelines to ensure safety of staff, volunteers, and clients
- Contract with Maricopa County Department of Public Health and Dignity Health Immunization Program for wider distribution of flu vaccine and when ready coronavirus vaccine
- Participating in Town of Gilbert Diversity, Equity and Inclusion Task Force
- Participating in Arizona Town Hall: Learning and Listening about systemic racism

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 FY20 | Planned FY21 |
| Patient Financial Assistance | Patient Financial Assistance Policy | ☒ | ☒ |
| School-based Healthcare | 1. Chandler CARE Center 2. Dignity Health East Valley outreach services 3. Dignity Health Children's Medical Clinic | ☒ | ☒ ☒ |
| Free and low-cost community-based health services | 1. Mission of Mercy: Primary care for uninsured 2. Dignity Health East Valley outreach services 3. Heritage Center: Wellness, Education, and Resource Center; AZCEND- Family Resource Center hosts health prevention and awareness classes, and offers support including oral health and fluoride treatments, vision and hearing screenings, blood | ☒ | ☒ |

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|----------------------------------|---|----------|-------------------|
| | <p>pressure and other health checkups, and mobile onsite medical services.</p> <p>4. City of Maricopa: Family Advocacy Center crisis intervention</p> <p>5. Brighter Way Dental: Expands its dental health programs serving low-income adults, high- risk children, and military veterans with basic preventive procedures, orthodontia, dentures and implants. Clinics include Parsons Center and Homeless Services Campus (Phoenix) and Canyon State Academy Clinic (In Queen Creek)</p> | | |
| Homeless population | <p>1.Dignity Health Communities of Care Grantees :</p> <ul style="list-style-type: none"> - East Valley I-HELP (Interfaith Homeless Emergency Lodging Program) - Destination Diploma- homeless teens - Freedom House Transitional living <p>2.Circle the City: Respite, hospice, and case management</p> <p>3.House of Refuge: Homeless family transitional housing</p> <p>4. Hospital Homeless Initiative providing medications, clothing, meals, transportation, and referrals to needed social services.</p> <p>5. Clothes Cabin: School clothing to low-income children, work clothing for low-income men and women services such as laundry, showers, and mail boxes for the homeless</p> | <p>☒</p> | <p>☒</p> <p>☒</p> |
| Transportation | <p>1. Dignity Health Chandler Regional and Mercy Gilbert Medical Centers; Circulation/ LYFT transportation program, takes uninsured or homeless qualified patients to physical address within 25 miles</p> <p>2. Dignity Health Community of Care Grantee: Senior Community Wellness, has volunteers to pick up enrolled community members and take them to medical and other appointments/ grocery store.</p> | <p>☒</p> | <p>☒</p> |
| Access to healthcare information | <p>1. Chandler CARE Center</p> <p>3. Heritage Center - Wellness, Education, and Resource Center; AZCEND</p> <p>4. Dignity Health East Valley outreach services</p> <p>5. FindHelpPhx.org / EncuentraAyudaPhx.org</p> <p>6. 211</p> <p>7. NaviHealth (CCNI) referrals to Dignity Health programs and community agencies</p> | <p>☒</p> | <p>☒</p> |

| | | | |
|--|---|---|---|
| Insurance eligibility, enrollment, and understanding bills | <ol style="list-style-type: none"> 1. AZCEND 2. Chandler CARE Center 3. Dignity Health Communities of Care Grantee: East Valley I-HELP (Interfaith Homeless Emergency Lodging Program) 4. Chandler Regional Medical Center Patient Finance | ☒ | ☒ |
| Continuum of care | <ol style="list-style-type: none"> 1. Mission of Mercy- Primary care/medical home for uninsured 2. Foundation for Senior Living- FSL (ACTIVATE) Inpatient and post discharge navigation for high risk patients including veterans, uninsured, and patients with co-morbidities 3. Circle the City- Holistic, Compassionate Healthcare for the Homeless 4. Chandler Regional Medical Centers Community Collaborative Network Initiative (CCNI) referrals to Dignity Health programs and community agencies | ☒ | ☒ |
| Access to healthy food | <ol style="list-style-type: none"> 1. Chandler CARE Center; WIC 2. Matthew's Crossing Food Bank-Chandler 3. Midwest Food Bank- Gilbert 4. United Food Bank- Mesa 5. Open Arms Care Center- Gilbert 6. AZCEND | ☒ | ☒ |

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

Collaboration: Foundation for Senior Living, Mission of Mercy, and Dignity Health East Valley outreach services, and Dignity Health East Valley Community Grant recipients.



Health Need: Mental Health and Behavioral Health

| Strategy or Program Name | Summary Description | Active FY20 | Planned FY21 |
|--|---|-------------|--------------|
| Improve education, awareness, referral, and resources to community and professionals | <ol style="list-style-type: none"> 1. ONE Gilbert: This program will target teen alienation from adults and attempt to ensure teens have at least one trusted adult who can guide them through everyday life and emotional distress. Ultimately reducing suicide rates 2. Chandler /Gilbert Coalition on Youth Substance Abuse : for education (RX 360, Mental Health First Aid, suicide), resources, community events, and access to addiction treatment | ☒ | ☒ |

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|---|---|---|---|
| | 3. ZERO Suicide: on site/virtual peer to peer support for those at risk for and attempted suicide, drug addiction 4. Chandler I AM - offering hope, quality treatment, and resources, for those affected by opioid addiction regardless of finance 5. City of Maricopa Family Advocacy Center: empowers victims of violence and neglect through the collaboration of connected professionals. 6. Dignity Health Community of Care Grants: Partnership to Build Resilient Families 7. Mesa Prevention Alliance-addressing high risk families | | |
| Postpartum Depression and Perinatal Mood Disorder | 1. Dignity Health Community of Care Grant: East Valley Perinatal, Women's Health Innovation (WHI) bedside / virtual consults to pregnant and new mothers. 2. Mercy Gilbert Medical Center Postpartum Adjustment Support 3. Mercy Gilbert Medical Center Perinatal Mood Disorder Therapy Sessions- 'Let's Talk' | ☒ | ☒ |
| Continuum of care | Chandler Regional Medical Centers Community Collaborative Network Initiative (CCNI) referrals to Dignity Health programs and community agencies | ☒ | ☒ |

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

Collaboration: Chandler Police, Town of Gilbert, Queen Creek, and City of Mesa and community agencies to address teen suicide with intent to improve education, resources, and reduce rates of suicide, along with Dignity Health Community of Care Grantees.



Health Need: Diabetes

| Strategy or Program Name | Summary Description | Active FY20 | Planned FY21 |
|---|---|-------------|--------------|
| Access to diabetes management and support | 1. Mercy Gilbert Medical Center/ Center for Diabetes Management classes for Type 1, Type 2, gestational diabetes, and insulin management and support. 2. Prediabetes and Prevent T2 series | ☒ | ☒ |

| | | | |
|---|---|---|---|
| | 3. Free community support groups | | |
| Access to Chronic Disease Self - Management | 1. Chandler Regional Medical Center Chronic Disease Self-Management Program workshops that include Chronic Disease Self-Management (CDSMP), Diabetes Self-Management (DSMP), Chronic Pain Self-Management (CPSMP) and Diabetes Empowerment Education Program (DEEP) 2. Dignity Health Community of Care Grantees | ☒ | ☒ |
| Access to healthy foods | 1. Chandler CARE Center, WIC 2. Matthew's Crossing Food Bank 3. Open Arms 4. United Foodbank 5. AZCEND | ☒ | ☒ |
| Continuum of care | Chandler Regional Medical Centers Community Collaborative Network Initiative (CCNI) referrals to Dignity Health programs and community agencies | ☒ | ☒ |

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

Collaboration: Dignity Health Community of Care Grantees



Health Need: Breast Cancer

| Strategy or Program Name | Summary Description | Active FY20 | Planned FY21 |
|---|---|-------------|--------------|
| Early detection, treatment, and/or resources and support for families | 1. Dignity Health Women's Imaging Center 2. Desert Cancer Foundation of Arizona 3. Ironwood Cancer and Research Center 4. Cancer Support Community Arizona | ☒ | ☒ |
| Education and support | 1. Ironwood Cancer and Research Center 2. Desert Cancer Foundation of Arizona 3. Cancer Support Community Arizona | ☒ | ☒ |
| Transportation, support, and access to resources | Dignity Health Community of Care Grantee: Senior Community Wellness Coalition | ☒ | ☒ |
| Continuum of care | Chandler Regional Medical Centers Community Collaborative Network Initiative (CCNI) referrals to Dignity Health programs and community agencies | ☒ | ☒ |

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

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



Health Need: Injury Prevention

| Strategy or Program Name | Summary Description | Active FY20 | Planned FY21 |
|--|--|-------------------------------------|-------------------------------------|
| Injury prevention education for children | Chandler Regional Medical Center: health fairs, Safe Sitter, Stop the Bleed, falls prevention, and concussion prevention | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Injury prevention for adults | 1. Dignity Health Community of Care Grantee: Safe at Home ; Matter of Balance 2. Dignity Health- Healthier Living: Matter of Balance 3. Chandler Regional Medical Center, Trauma Services, Matter of Balance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Continuum of care | Chandler Regional Medical Centers Community Collaborative Network Initiative (CCNI) referrals to Dignity Health programs and community agencies | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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



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

| Strategy or Program Name | Summary Description | Active FY20 | Planned FY21 |
|--|---|-------------------------------------|-------------------------------------|
| Dignity Health and Dignity Health Community of Care Grantee providing transportation | 1. Dignity Health Chandler Regional and Mercy Gilbert Medical Centers; Circulation/ LYFT transportation program, takes uninsured or homeless qualified patients to physical address within 25 miles 2. Dignity Health Community of Care Grantee: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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| | Senior Community Wellness, has volunteers to pick up enrolled community members and take them to medical and other appointments/ grocery store. | | |
| Community based organizations and Community of Care Grantees providing food | <ol style="list-style-type: none"> 1. Dignity Health Community of Care Grantee: <ul style="list-style-type: none"> - East Valley Adult Resources: Senior Adults, Meals on Wheels - East Valley I-HELP: food support for homeless 2. Matthew's Crossing 3. Chandler CARE Center; WIC 4. Matthew's Crossing Food Bank-Chandler 5. Midwest Food Bank- Gilbert 6. United Food Bank- Mesa 7. Open Arms Care Center- Gilbert 8. AZCEND Gilbert - Chandler | ☒ | ☒ |
| Community based organizations and Community of Care grantees proving shelter, transitional housing/permanent housing | <ol style="list-style-type: none"> 1. Dignity Health Community of Care Grantee: -- Freedom House Transitional Living– Housing, case management, and transitional support for at risk families East Valley I-HELP : shelter, permanent housing, case management, and support for homeless East Valley Perinatal -Haven 107, temporary housing for women (including their child) East Valley Perinatal – Hushabye Nursery, a facility house for Neonatal Abstinence Syndrome infants and moms. 2. Paz De Cristo – Homeless shelter 3. House of Refuge – Temporary and permanent 4. housing 5. Chicanos Por La Causa - Education, advocacy, small business lending. Acquire, rehabilitate, and manage 95 units of affordable multi-family housing. Wrap around services. 187 units of affordable mixed-use and mixed- income housing as part of a comprehensive revitalization for the City of Mesa. 6. Trellis - Home ownership to low- and moderate-income residents of Maricopa County, financial counseling and homeownership education 7. Additional providers that serve are: Save the Family, A New Leaf, C.A.S.S., and domestic violence shelters include, My Sister's Place, Chrysalis and C.A.A.F.A. | ☒ | ☒ |
| Dignity Health East Valley Care Coordination | <ol style="list-style-type: none"> 1. LYFT Transportation program 2. Homelessness Initiative- Clothes, Food, Transportation | ☒ | ☒ |

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| 3. Collaborative Network Initiative (CCNI) referrals to Dignity Health programs and community agencies | | |
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Impact: Improved access to healthcare and needed services by addressing social determinants of health and underlying causes of health

Collaboration: Mesa Catholic Charities assistance programs -Transitional Housing, Hushabye Nursey, House of Refuge, and Community of Care

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 FY20, the hospital awarded the grants below totaling \$368,864. Some projects also may be described elsewhere in this report.

| Grant Recipient | Project Name | Amount |
|-----------------------------------|---|----------|
| Neighbors Who Care | Senior Community Wellness | \$49,000 |
| Tempe Community Action Agency | East Valley I-HELP | \$49,000 |
| ICAN: Positive Programs for Youth | Partnership to Build Resilient Families | \$49,000 |
| Aster Aging Inc. | Safe at Home | \$49,000 |
| Women's Health Innovations of Az. | East Valley Perinatal Network | \$49,000 |
| Homeward Bound | Destination Diploma | \$49,000 |
| BRAVE Connections | Arizona Recovers | \$49,864 |
| Freedom House Transitional Living | Hope for Addiction | \$25,000 |

Program Digests

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



Community Grants Program

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| Significant Health Needs Addressed | x Access to Care x Mental Health & Behavioral Health x Diabetes x Breast Cancer x Injury Prevention x Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | <p>The Community Grants Program awards grants to nonprofit organizations whose proposals respond to identified priorities in the hospital's Community Health Needs Assessment (CHNA) and initiative. Additionally, it is required that a minimum of three organizations work together in a Community of Care to address an identified health priority. The East Valley Community Grants Committee reads, evaluates, and scores the Letter of Intent and Full Proposals to determine the award recipient.</p> |
| Community Benefit Category | E2- a Grants – Program grants |
| FY 2020 Report | |
| Program Goal / Anticipated Impact | <p>Community of Care grantees address the hospital's identified health priorities from the Community Health Needs Assessment and populations with unmet health needs through primary prevention, continuum of care, capacity building and collaboration. Through innovative partnerships, community-based and hospital integrated programs reduce barriers associated with social determinants of health and improve access to education, intervention, disease management, treatment, and resources.</p> |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. 100% of agencies awarded will address hospital health priorities 2. 100% of the funding will align with Community Benefit Core Principles 3. 100% of the agencies meet grant eligibility and criteria 4. Through the committee, grantees progress will be monitored |
| Intervention Actions for Achieving Goal | <ol style="list-style-type: none"> 1. Use the Request For Proposal (RFP), criteria, and eligibility 2. Monitor and support funded agencies through reporting, site visits and email/phone/in-person meetings for updates |
| Collaboration | <p>Dignity Health is a collaborative partner with each Community of Care, and associated agencies to ensure success of the program.</p> |
| Performance / Impact | <p>The East Valley Community Grants Committee awarded in FY20</p> <p>\$238,622 for Chandler Regional Medical Center</p> <p>\$129,928 Mercy Gilbert Medical Center</p> <p>\$314 Arizona General Hospital – Mesa</p> |

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| | <p>\$368,864 Grand Total</p> <p>The following Dignity Health Community of Care Grant projects were funded:</p> <ul style="list-style-type: none"> - <u>Senior Community Wellness</u>: \$49,000 <p>Transportation, support and case management for high risk seniors</p> <ul style="list-style-type: none"> - <u>East Valley I-HELP</u>: \$49,000 <p>Shelter, resources, and case management for homeless men and women</p> <ul style="list-style-type: none"> - <u>Partnership to Build Resilient Families</u>: \$49,000 <p>Education for at risk youth and parents for reduction in drug abuse</p> <ul style="list-style-type: none"> - <u>Safe at Home</u>: \$49,000 <p>High risk seniors: Home safety, falls prevention, Chronic Disease, Case Management</p> <ul style="list-style-type: none"> - <u>East Valley Perinatal Network</u>: \$49,000 <p>Counseling, housing, and support to mothers and babies for perinatal mood disorder and drug addiction</p> <ul style="list-style-type: none"> - <u>Destination Diploma</u>: \$49,000 <p>Support homeless high school students with housing, supplies, mentoring, and support</p> <ul style="list-style-type: none"> - <u>Freedom House Transitional Living for Single Moms and Kids</u>: \$25,000 <p>Provides shelter and transition support for at-risk families</p> <ul style="list-style-type: none"> - <u>BRAVE Connections</u>: \$49,864 <p>Address unmet health-related social needs of people who use drugs & link resources to people who are recently released from treatment and at highest risk for overdose/emergency care through a holistic approach</p> |
| Hospital's Contribution / Program Expense | Allocated funding for Chandler Regional Medical Center \$238,622 and Arizona General Hospital- Mesa \$314 |
| FY 2021 Plan | |
| Program Goal / Anticipated Impact | Community of Care grantees address the hospital's identified health priorities from the Community Health Needs Assessment and populations with unmet health needs through primary prevention, continuum of care, capacity building and collaboration. Through innovative partnerships, community-based and hospital integrated programs reduce barriers associated with social determinants of health and improve access to education, intervention, disease management, treatment, and resources. |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. 100% of agencies awarded will address hospital health priorities 2. 100% of the funding will align with Community Benefit Core Principles 3. 100% of the agencies meet grant eligibility and criteria 4. Through the committee, grantees progress will be monitored |
| Intervention Actions | <ol style="list-style-type: none"> 1. Use the Request for Proposal (RFP), criteria, and eligibility |

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| for Achieving Goal | 2. Monitor and support funded agencies through reporting, site visits and email/phone/in-person meetings for updates |
| Planned Collaboration | Dignity Health is a collaborative partner with each Community of Care, and associated agencies to ensure success of the program. |



Center for Diabetes Management

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| Significant Health Needs Addressed | <input type="checkbox"/> Access to Care <input type="checkbox"/> Mental Health & Behavioral Health <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | Center for Diabetes Management (CDM) is an outpatient department of Mercy Gilbert Medical Center offering interactive diabetes self-management classes for people with prediabetes, Type 1 and Type 2 diabetes, and gestational diabetes. The center also offers Prevent T2 the CDC Diabetes Prevention Program (DPP.) |
| Community Benefit Category | A1 - a Community Health Education- Lectures/ Workshops |
| FY 2020 Report | |
| Program Goal / Anticipated Impact | To reach more people with diabetes and prediabetes by actively marketing Center for Diabetes Management to promote our services to patients, hospital staff and health care providers to achieve a 3% increase in patient volume. Coordinate with inpatient departments, care coordination, and nursing education to develop an effective system for referrals from inpatient to outpatient. CDM is currently getting referrals through both NaviHealth and Cerner. |
| Measurable Objective(s) with Indicator(s) | <ul style="list-style-type: none"> • Number of patient encounters annually • Number of in-house referrals made from Cerner and NaviHealth • Number of community events |
| Intervention Actions for Achieving Goal | <ul style="list-style-type: none"> - The COVID19 pandemic has had a serious impact on operations for Center for Diabetes Management. The center closed to patient care in mid-March 2020 for several weeks. After that time, we gradually started adding virtual classes via zoom, and assessments and follow ups by telephone. Patient volume has significantly declined. |

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| | <ul style="list-style-type: none"> - Attended meeting of OB specialists to promote the gestational diabetes classes. - Meeting regularly with the Strategic Planning Department to discuss opportunities to promote our service line. - Continued to work with the Professional Practice Council to promote utilization of the newly developed patient education materials. - Sent faxes to providers making them aware that classes continued to be available virtually. - Began working with Dignity Health Global Education (DHGE) with the goal of developing high quality online education modules for both hospital staff and patients. - Participated in the AZ Diabetes Coalition. - Implemented Turning Technologies into the classes to enhance patient engagement and assess learning goals through pre and post - tests. This data is submitted to the American Diabetes Association Education Recognition Program. - Distributed Kind bars to hospital staff during National Nutrition Month, with a message from CDM, to promote awareness of the service line. - Collaborated with the Dignity Health Oral health program to include oral health care as it relates to diabetes in both our Type 2 and gestational diabetes classes. |
| Collaboration | Gilbert Unified School District Employee Wellness Program; hosted three dietetic interns from various universities, with one student participating virtually; conducted training for staff at Noah Webster Charter School regarding managing children with diabetes in the school setting; participated in the inaugural Heart Health Fair at Mercy Gilbert Medical Center; City of Chandler Senior Expo/Health Fair; Health Fair at Clarendale Senior Community. |
| Performance / Impact | <ol style="list-style-type: none"> 1. Year-end patient satisfaction was 95.3% 2. 1017 unique patients attending education, with a total of 2984 patient visits 3. 378 participants in the free community outreach presentations 4. Five community events/health fairs 5. 83 referrals through Cerner 6. 90 referrals through NaviHealth 7. Change in patient understanding of key concepts: Average improvement of 13%. |
| Hospital's Contribution / Program Expense | <p>Total expenses for the department: \$497,463</p> <p>CommonSpirit Health has restricted billing for telehealth, so much of the operational costs are being covered by the hospital.</p> |
| FY 2021 Plan | |

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| Program Goal / Anticipated Impact | <ul style="list-style-type: none"> - Reach more people with diabetes and prediabetes by actively marketing Center for Diabetes Management to promote our services to patients, hospital staff and health care providers - Assess effectiveness of educators by showing an increase in patient knowledge of key concepts taught in class through pre and posttests. - Explore ways to increase patient engagement during virtual classes. - Increase patient volumes by continuing to encourage internal referrals through Cerner and NaviHealth by participating in a variety of interdisciplinary hospital groups to promote CDM. - Continue to collaborate with DHGE. |
| Measurable Objective(s) with Indicator(s) | <p>Number of patient visits for the FY</p> <p>Number of in-house referrals made from Cerner and NaviHealth</p> <p>Percent of change in patient understanding of key concepts</p> |
| Intervention Actions for Achieving Goal | <ul style="list-style-type: none"> - Market CDM to providers through the Accountable Care Network Newsletter. - Develop fliers separately targeting providers and patients, describing the benefits of the program and the availability of virtual classes. - Expand the reach of the program by marketing to providers throughout the state, since distance is not a barrier now that virtual classes are available. - Enhance the patient experience by incorporating interactive technology into the classes. - Develop appropriate questions in Turning Technologies to assess patient understanding of key concepts. |
| Planned Collaboration | Due to current social distancing requirements, there are no planned collaborations at this time. |



First Teeth First

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| Significant Health Needs Addressed | <p>x Access to Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health & Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | First Teeth First provides oral health screening, education, fluoride varnish treatment, and care coordination to expectant women and children up to age 6 years. Additionally, the program provides best practice oral health education to dentists, pediatricians, and other early |

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| | childhood professionals. First Teeth First is funded primarily through First Things First (Arizona Early Childhood Development and Health Board). Chandler Regional Medical Center supports the program with administrative functions and funding of employee giving. |
| Community Benefit Category | A2 - b Community-Based Clinical Services – Dental care |
| FY 2020 Report | |
| Program Goal / Anticipated Impact | Decrease the number of children under age 6 with early childhood tooth decay and increase the number of children utilizing a dental home. |
| Measurable Objective(s) with Indicator(s) | Number children receiving oral health screenings& fluoride varnish applications. Number of expectant women receiving oral health screenings. Number of adults receiving oral health education. Number of presentations on oral health best practices. |
| Intervention Actions for Achieving Goal | <ol style="list-style-type: none"> 1. Oral health education based on the most up-to-date evidence will be provided to expectant women and children up to age 6 years and their families. 2. Children up to age 6 years will be screened for oral health status and provided with fluoride varnish when appropriate. 3. All children receiving services will receive a toothbrush, toothpaste, floss, and educational materials. 4. Care coordination for establishment of a dental home will be provided when appropriate. 5. Clinics will be scheduled to occur at community locations including WIC centers, pediatric medical offices, OB offices, child birth preparation classes and pregnancy support programs, community resource centers, and health fairs. 6. Bilingual staff will provide oral health education in Spanish when appropriate. Other language translation services will be available by phone if needed. 7. Medical providers and staff will be provided with strategies to identify children at risk for tooth decay and encourage establishment of a dental home by age one. 8. Staff at general dental practices will be provided with strategies for working with young children and developing the practice as a dental home for children beginning at age one. |
| Collaboration | Dignity Health has developed partnerships with WIC centers, community resource centers, child birth preparation and pregnancy support programs, pediatric offices, OB offices, and childcare centers in the East Valley. Mesa Community College Dental Hygiene program first and second year dental hygiene students participate in First Teeth First clinics as part of their community clinic rotations. |
| Performance / Impact | 2,778 children receiving oral health screenings |

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| | <p>903 children receiving fluoride varnish applications</p> <p>488 expectant women receiving oral health screenings</p> <p>2,891 adults receiving oral health education</p> <p>9 presentations on oral health best practices</p> <p>Children and expectant mothers receiving oral health screenings also received care coordination services for establishment with a dental home when appropriate. The program impacted the population by preparing children for learning in school and reducing negative pregnancy outcomes linked to poor oral health.</p> |
| Hospital's Contribution / Program Expense | First Teeth First received \$344,422 in grant funding from First Things First. CRMC provided administrative support. |
| FY 2021 Plan | |
| Program Goal / Anticipated Impact | Dignity Health will work with MCDPH to provide a coordinated approach to oral health prevention services in Maricopa County. First Teeth First will provide oral health education, oral health screening, fluoride varnish treatment, and care coordination for expectant women, and children up to age 6 years. First Teeth First will also provide outreach and training to medical and dental professionals who serve the target population. The program will decrease the number of children with early childhood tooth decay and the associated risks for pain and infections that can lead to lifelong complications to health and wellbeing. |
| Measurable Objective(s) with Indicator(s) | Number children receiving oral health screenings& fluoride varnish applications. Number of expectant women receiving oral health screenings. Number of adults receiving oral health education. Number of presentations on oral health best practices. |
| Intervention Actions for Achieving Goal | <ul style="list-style-type: none"> - Oral health education based on the most up-to-date evidence will be provided to expectant women and children up to age 6 years and their families. - Children up to age 6 years will be screened for oral health status and provided with fluoride varnish when appropriate. - All children receiving services will receive a toothbrush, toothpaste, floss, and educational materials. - Care coordination for establishment of a dental home will be provided when appropriate. - Clinics will be scheduled at community locations including WIC centers, pediatric medical offices, OB offices, child birth preparation classes and pregnancy support programs, community resource centers, and health fairs. - Bilingual staff will provide oral health education in Spanish when appropriate. Other language translation services will be available by phone if needed. |

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| | <ul style="list-style-type: none"> - Medical providers and staff will be provided with strategies to identify children at risk for tooth decay and encourage establishment of a dental home by age one. - Staff at general dental practices will be provided with strategies for working with young children and developing the practice as a dental home for children beginning at age one. |
| Planned Collaboration | Dignity Health will continue to develop additional partnerships with WIC centers, community resource centers, child birth preparation and pregnancy support programs, pediatric offices, OB offices, childcare centers, in the East Valley. Mesa Community College Dental Hygiene program first and second year dental hygiene students will continue to participate in First Teeth First clinics as part of their community clinic rotations. There is also a new and potential opportunity to partner with Rio Salado Community College Dental Hygiene program for first year dental hygiene students to participate in clinics as part of their community clinic rotations. Dignity Health will continue to partner with the MCDPH to deliver the First Teeth First program. |



Children's Dental Clinics

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| Significant Health Needs Addressed | x Access to Care <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health & Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | The Children's Dental Clinics utilize Affiliated Practice Dental Hygienists to provide comprehensive preventive dental care to low-income and uninsured children. Services include dental assessments, radiographic imaging, sealants, fluoride varnish treatments, oral health education, nutrition guidance, and coordination of care. Located at a school-based health center and a family resource center, the clinics are perceived as safe-havens, where individuals can seek compassionate, culturally sensitive care. The bilingual promotoras work with families to complete risk assessments and goal setting for behavior change to improve oral health. The community oral health liaison strengthens community connections by providing oral health education and supplies to children, families, and expectant women at community locations. The clinics are grant-funded with additional financial and operational support from CRMC, MGMC, and the Dignity Health Foundation- East Valley. |

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| Community Benefit Category | A2 - b Community-Based Clinical Services – Dental care |
| FY 2020 Report | |
| Program Goal / Anticipated Impact | Improve oral health and prevent dental disease in children ages 0 to 21. |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. Number of children receiving full preventive dental services. 2. Percent of patients with “no new decay” at subsequent clinic appointments. 3. Number of children, parents, educators, and community leaders who received comprehensive oral health education. |
| Intervention Actions for Achieving Goal | The Dignity Health Children’s Dental Clinics provide education and clinical prevention services to address oral health disparities. Reduced plaque scores and decreased occurrences of decay were tracked to indicate children incorporating healthy oral health habits at home. These behavior changes, along with restorative care to alleviate pain, have long lasting impacts on children. Better nutrition and sleep lead to decreased absenteeism and increased attention in school. A positive dental experience for children increases the likelihood of continuing regular dental care which will carry into adulthood. |
| Collaboration | Both of the Children’s Dental Clinics rely on collaborations to improve access to care and continuum of care. The clinic at the Chandler CARE Center collaborates with the Chandler Unified School District and Chandler Education Foundation. The St. Vincent de Paul Dental Clinic provides restorative dental services at the same location, providing a direct link to additional services for patients. The clinic at the Gilbert Heritage Center is a program in collaboration with the Town of Gilbert and AZCEND. After receiving preventive care, children are referred to the Arizona School of Dentistry & Oral Health or private local dental practices. Children in urgent need of restorative care with no means to pay are referred to partnering dentists who have agreed to provide free care to a limited number of children. Dental hygiene students from Mesa Community College Dental Hygiene Program have regular rotations through the Chandler dental clinic. The students gain community and public health dental experience and increase the capacity of the clinic, enabling more children to be seen. |
| Performance / Impact | <ol style="list-style-type: none"> 1. 900 children received full preventive dental services at 1778 appointments 2. 85% patients had “no new decay” at subsequent clinic appointments 3. 1,091 children, parents, educators, and community leaders received oral health education in the clinic and the community |
| Hospital’s Contribution / Program Expense | Total FY20 program expenses were \$394,910.84. Grants contributions totaled \$161,468.45. The remaining \$233,442.39 was contributed by the |

FY 2021 Plan

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| Program Goal / Anticipated Impact | The Children's Dental Clinic will improve the oral health of children ages 0 to 2 1 by reducing barriers to care, providing preventive dental services, improving oral health behaviors, and increasing awareness of the importance of oral health. |
| Measurable Objective(s) with Indicator(s) | Number of patient visits for the FY Number of in-house referrals made from Cerner and NaviHealth Percent of change in patient understanding of key concepts |
| Intervention Actions for Achieving Goal | <ul style="list-style-type: none"> - Provide preventive dental health services including dental assessments, professional cleanings, radiographic imaging, sealants, fluoride varnish treatments, oral health education, nutrition guidance, and care coordination. - Provide referrals and care coordination for children in need of restorative dental care. - Increase awareness and improve children's oral and overall health through education for children and parents. - Provide dental supplies to children at the clinic and in the community. |
| Planned Collaboration | Both of the Children's Dental Clinics will continue to rely on collaborations to improve access to care and continuum of care. The clinic at the Chandler CARE Center collaborates with the Chandler Unified School District and Chandler Education Foundation. The St. Vincent de Paul Dental Clinic provides restorative dental services at the same location, providing a direct link to additional services for patients. The clinic at the Gilbert Heritage Center is a program in collaboration with the Town of Gilbert and AZCEND. After receiving preventive care, children are referred to the Arizona School of Dentistry & Oral Health or private local dental practices. Children in urgent need of restorative care with no means to pay are referred to partnering dentists who have agreed to provide free care to a limited number of children. Dental hygiene students from Mesa Community College Dental Hygiene Program have regular rotations through the Chandler dental clinic. A new partnership with Rio Salado Community College Dental Hygiene program will be pursued for first year dental hygiene students to participate in clinics as part of their community clinic rotations. The students gain community and public health dental experience and increase the capacity of the clinic, enabling more children to be seen. |



Healthier Living

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| Significant Health Needs Addressed | x Access to Care x Mental Health & Behavioral Health x Diabetes x Breast Cancer x Injury Prevention <input type="checkbox"/> Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | Healthier Living is an evidence-based program comprised of 5 workshops originally developed by Stanford University, University of Illinois at Chicago, and Boston University. The 6-8 week workshops virtual and in-person workshops are offered 100% free throughout the east valley community and help participants with chronic conditions, diabetes, chronic pain, or fall risk, to self-manage their conditions. The senior and low income/underserved populations are specifically targeted. The hospital's role is to provide financial support through the East Valley Foundation and promote/refer patients to appropriate workshops. |
| Community Benefit Category | A1 - a Community Health Education- Lectures/ Workshops |
| FY 2020 Report | |
| Program Goal / Anticipated Impact | Deliver quality virtual (Zoom) and in-person Chronic Disease (CDSMP), Diabetes (DEEP), Chronic Pain (CPSMP) and Balance (MOB) workshops to East Valley community participants, improving their overall health and well-being, ability to manage their chronic conditions, and reducing their risk of falls, resulting in a decrease in hospitalizations and ER visits, thus reducing healthcare costs. |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. Create virtual workshop delivery model for use during pandemic 2. Serve at least 400 program participants 3. 60% of total workshops serve the senior population 4. 10% of workshops serve the homeless/low income population 5. Obtain at least 95% program satisfaction from workshop participants 6. Data analytics demonstrate program efficacy, reach, and impact |
| Intervention Actions for Achieving Goal | <ol style="list-style-type: none"> 1. Promote and deliver a quality in-person and virtual "full service" Healthier Living program to community partners. 2. Deliver workshops in accordance with all fidelity requirements 3. Continually balance virtual and in-person workshop offerings in accordance with need, reach, and pandemic status 4. Strategically seek engaged, committed, community/hospital partners 5. Recruit and retain excellent workshop facilitators |
| Collaboration | - Major community partners include: |

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| | <p>AZCEND, Pyle Adult Recreation Center, Cal-Am Resorts, St. Mary's Parish, Lutheran Social Services, Leisure world, Chandler United Methodist Church, Maricopa County Library System, Mesa Public Schools, City of Mesa, Solera Chandler</p> <ul style="list-style-type: none"> - Major cost sharing/funding partners include: Maricopa County, Area Agency on Aging, Region One - Hospital partners include: CRMC/MGMC Volunteer Services, CRMC Neuro floor, Dignity Health East Valley Foundation |
| Performance / Impact | <ol style="list-style-type: none"> 1. Delivered 25 community workshops (pandemic disruption) 2. Served 390 workshop participants even with pandemic disruption 3. 72% of workshops served the senior population 4. 12% of workshops served the homeless/low income population 5. Added 16 new community partnerships resulting in workshops 6. 98% of participants reported workshop program satisfaction 7. Reported participant general health improved pre to post workshop |
| Hospital's Contribution / Program Expense | <p>Foundation contribution: \$99,491 Program Manager and Program Coordinator salaries and benefits. Program expense: \$144,494</p> |
| FY 2021 Plan | |
| Program Goal / Anticipated Impact | <p>Continue to deliver quality in-person and virtual Chronic Disease (CDSMP), Diabetes (DEEP), Chronic Pain (CPSMP) and Balance (MOB) workshops to East Valley community participants, improving their overall health and well-being, ability to manage their chronic conditions, and reducing their risk of falls, resulting in a decrease in hospitalizations and ER visits, thus reducing healthcare costs.</p> |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. Deliver a minimum of 30 virtual and in-person workshops 2. Cycle out poor performing or saturated partners 3. Serve at least 500 program participants 4. Minimum of 50% of workshops will serve the senior population 5. 10% of workshops will serve the homeless/low income population 6. New and existing community partners are engaged and satisfied 7. Data analytics demonstrate program efficacy, reach, and impact |
| Intervention Actions for Achieving Goal | <ul style="list-style-type: none"> • Promote and deliver a quality in-person and virtual "full service" Healthier Living program workshops to community partners, • Deliver workshops in accordance with all fidelity requirements • Continually balance virtual and in-person workshop offerings • Strategically seek engaged, committed, community/hospital partners • Recruit and retain excellent workshop facilitators |
| Planned Collaboration | <ul style="list-style-type: none"> - Major community partners include: AZCEND, Pyle Adult Recreation Center, Cal-Am Resorts, St. Mary's Parish, Lutheran Social Services, Leisure world, Chandler United |

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| | <p>Methodist Church, Maricopa County Library System, Mesa Public Schools, City of Mesa, Solera Chandler</p> <ul style="list-style-type: none"> - Major cost sharing/funding partners include: Maricopa County, Area Agency on Aging, Region One - Hospital partners include: CRMC/MGMC Volunteer Services, CRMC Neuro floor, Dignity Health East Valley Foundation |
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Mommy Fit Camps

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| Significant Health Needs Addressed | <p>x Access to Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health & Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Breast Cancer <p>x Injury Prevention</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | <p>Obesity continues to rise and has significantly increased among women of the childbearing age range and women in the perinatal period. Maternal obesity can lead to a variety of pregnancy, birth, and future complications. Mommy Fit Camps – is a preventive program that provides free pregnancy and postpartum fitness classes. Classes are held at Dignity Health, Mercy Gilbert and Rome Towers Community Education, led by a CAPPA Certified Pregnancy Fitness Educator. Classes are geared for two populations: pregnant moms and postpartum moms & their babies. Each class is low to moderate pace and can be modified to each individual fitness level. Exercising during pregnancy and postpartum, reduces general perinatal discomforts, reduces your risk for gestational diabetes, lower incidence of perinatal mental health disorders, and decreases likelihood of future challenges with obesity.</p> |
| Community Benefit Category | A1 - e Community Health Education - Self Help |
| FY 2020 Report | |
| Program Goal / Anticipated Impact | Contribute to improved birth outcomes, increases in physical activity and reduction in Body Mass Index |
| Measurable Objective(s) with Indicator(s) | 1. After completion of class, each participant receives a verbal survey requesting feedback on any noted change in mood. Verbal survey is conducted by class instructor. |

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| | <p>2. An increase in class participation within the last fiscal year indicates a need within the community.</p> <p>3. Postpartum Fit Camp and Pregnancy Fit Camp held 32 weekly classes in FY20.</p> <p>4. Postpartum Fit Camp served 176 participants and Pregnancy Fit Camp served 140 participants in FY20.</p> <p>5. In April 2020 classes were combined when the programs moved to a virtual platform via Zoom due to COVID19.</p> <p>Combined Pregnancy & Postpartum Fit Camp via Zoom held 15 weekly classes in FY20.</p> <p>Combined Pregnancy & Postpartum Fit Camp served 78 participants via Zoom in FY20.</p> |
| Intervention Actions for Achieving Goal | <p>1. Continue to offer weekly fitness classes: one pregnancy fit camp per week and one postpartum mom and baby fit camp per week.</p> <p>2. Offer one combined pregnancy & postpartum class due to Covid-19 and offer online via Zoom.</p> <p>3. Look at the possibility of collaborating with community partners.</p> |
| Collaboration | Partner with the March of Dimes, to lead the stretch for the annual March for Babies on April 11. Event was cancelled and moved online due to COVID-19. |
| Performance / Impact | <p>Weekly class attendance has decreased by roughly 100 participants, due to impacts of COVID 19. After completion of class, each participant receives a verbal survey requesting feedback on any noted change in mood. Verbal survey is conducted by class instructor.</p> <p>-Post class verbal survey indicates 98% of moms continue with a regular exercise routine outside of weekly fit camps.</p> <p>-Post class verbal survey indicates 93% of moms are motivated to incorporate healthy eating and long term healthy lifestyle changes into their daily routines.</p> |
| Hospital's Contribution / Program Expense | Staffing and supplies are provided through Dignity Health. |
| FY 2021 Plan | |
| Program Goal / Anticipated Impact | Contribute to improved birth outcomes, increases in physical activity and reduction in Body Mass Index |
| Measurable Objective(s) with Indicator(s) | <p>1. Continue to measure the need and objectives through weekly participation tracking.</p> <p>2. Continue to verbally survey class participants on short term and long term behavior changes.</p> |
| Intervention Actions for Achieving Goal | 1. Continue to offer weekly fitness classes: ideally one pregnancy fit camp per week and one postpartum mom and baby fit camp per week. |

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| | <p>As the program may remain virtual through FY21, continue to monitor for best option. Either a combination pregnancy & postpartum class or offering separate classes as outlined above</p> <ol style="list-style-type: none"> 2. Look at the possibility of collaborating with community partners. 3. Collect participant testimonials based off class impact on long term behavior changes. |
| Planned Collaboration | <ol style="list-style-type: none"> 1. Partner with the March of Dimes, to lead the stretch for the annual March for Babies walk. 2. Women's Health Initiative (WHI), support cross marketing of services, work on integrating a few fit camps during WHI special events. 3. Market program and class information with OB community. 4. Mom Docs and OB office promotion of program services. |



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

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| Significant Health Needs Addressed | <p>List the significant health needs in the most recent Community Health Needs Assessment here; check as appropriate for each program described.</p> <p>x Access to Care</p> <p>x Mental Health & Behavioral Health</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Breast Cancer</p> <p><input type="checkbox"/> Injury Prevention</p> <p><input type="checkbox"/> Social Determinants of Health</p> <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | <p>Approximately one in seven women, and one in 10 men, will experience a perinatal mood disorder. The Pregnancy and Postpartum Support Group is a peer based support group that provides a safe, judgement-free place to connect with other moms in similar stages of life and experiencing similar challenges. This is a free drop-in group that meets weekly.</p> <p>Let's Talk is a closed perinatal therapeutic group that meets for six weeks and is led by a licensed therapist specializing in perinatal mental health. This free group meets for two hours per week for six weeks with the same group of moms.</p> |
| Community Benefit Category | A1 - d Community Health Education- Support Groups |

FY 2020 Report

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| Program Goal / Anticipated Impact | To provide pregnant and postpartum mothers (and their partner) services and resources as it relates to perinatal mental health. |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. After attending the Pregnancy and Postpartum Support Group (PPSG), participants report improved success navigating emotional adjustment issues, resources and treatment options, and a sense of community for themselves. 2. After attending the Let's Talk sessions, the participant describes two tips to help decrease her stress levels as a new mom. 3. After attending Let's Talk, participants will report a decrease in their symptoms as indicated by a lower score on the Edinburgh Postnatal Depression Scale (EPDS) assessment. |
| Intervention Actions for Achieving Goal | <ol style="list-style-type: none"> 1. Provide different and pertinent topics for discussion or tool each week. 2. Provide education about Maternal Mental Health to increase awareness about the condition, resources, and treatment options. 3. Provide mothers the opportunity to talk, listen, and share experiences, thoughts, and feelings with other women in a safe and nonjudgmental environment. |
| Collaboration | <p>Dignity Health has contracted with Women's Health Innovations of Arizona (WHI) to provide the six-week therapeutic program, Let's Talk. WHI is a 501(c)(3) organization and are considered experts in their field and provide a variety of services to families within the community struggling with perinatal mental health.</p> <p>Collaboration with AZCEND, in Chandler, to offer Let's Talk for Spanish speaking moms did not receive the anticipated registration. We were only able to run the program once and it has been cancelled for the upcoming FY.</p> |
| Performance / Impact | Forty three women completed the series in FY 2020, with an average decrease of 3.39 points in EPDS scores. |
| Hospital's Contribution / Program Expense | <p>In the PPSG two coordinators and/or a department volunteer co-facilitate each week and the time for this group is built into their weekly hours.</p> <p>In the Let's Talk program one coordinator attends each session and her time for this group are built into her weekly hours. The therapist has been contracted at a rate of \$1,200/six-week series.</p> |
| FY 2021 Plan | |
| Program Goal / Anticipated Impact | Due to the impact of COVID-19 and a subsequent increase in isolation, anxiety and depression, a second PPSG was recently started to meet community need. Let's Talk will be offered 6 times during the upcoming FY. All programs are being offered online via Zoom. |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. PPSG continue to offer semi-structured support at least once per week and refer to Let's Talk and/or other appropriate resources as appropriate. At this time the support group is being offered twice a week and attendance will be monitored for continued need. Participants will report |

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| | <p>improved success navigating emotional adjustment issues, resources and treatment options, and a sense of community for themselves.</p> <p>2. Let's Talk administer a program evaluation at the completion of the 6-week series. EPDS will be administered pre and post sessions with an anticipated self-report of at least a 50% decrease in symptoms and/or procurement of additional professional support and resources outside of Let's Talk.</p> |
| Intervention Actions for Achieving Goal | Continue to market both programs on hospital website, NaviHealth, physician offices, and at hospitals. Provide information on both offerings during other department programs for community members. |
| Planned Collaboration | Collaboration with WHI will continue throughout 2021. The department has received a grant from Mercy Care to fund Let's Talk. The grant also facilitated the addition of another session. We have therefore scheduled 6 sessions for the upcoming FY. Our programs remain a model for CommonSpirit Health. The department continues to provide support as needed to other CommonSpirit Health facilities developing support groups and providing the service online. |



Building Blocks

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| Significant Health Needs Addressed | <p>x Access to Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health & Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Breast Cancer <p>x Injury Prevention</p> <p>x Social Determinants of Health</p> <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | Building Blocks, a Community Wellness grant-funded program, offers services to help prepare under-served children for school and helps housing insecure adults with vision services. The vision and hearing screening is a portable program serving children up to age 18 years. The clinics are located in areas of greatest need as identified in the 2019 Community Health Needs Screening for Chandler Regional Medical Center Service Areas. Referral to free or discounted follow-up services is closely monitored to ensure patient and family needs are met. |
| Community Benefit Category | A2 – d Community-Based clinical services – Immunizations/ Screenings |

FY 2020 Report

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| Program Goal / Anticipated Impact | To provide vision screening, referral and education to the population of adults experiencing unstable housing and vision and hearing screening to newborn -18 years in the Dignity Health service areas, identifying those children requiring intervention and referral and ensuring that each child requiring intervention receives referral and follow-up in a timely manner. |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. Number of clinics provided – 79 2. Number of people screened - 1128 3. Number of people educated - 749 4. Number of grants - 2 5. Number of partners - 18 6. Number of referrals - 191 |
| Intervention Actions for Achieving Goal | COVID-19 pandemic caused the closure of all clinics beginning March 11th and continuing through the end of FY20. Prior to the mandated closure clinics had collaboration with the Chandler Care Center and the Gilbert Heritage Center providing weekly clinics, monthly clinics at Birth Haven and clinics at preschools, charter schools, the home schooled and home day care communities in our service areas. Received Dignity Health East Valley Foundation funding that supported the promotora/case management and homeless adult coordinator position. Established partnerships to provide vision services at clinics for adults with unstable housing. Power of the Purse funding was awarded for glasses and vision screening for the unstable housing population. Attended community events to market the program. |
| Collaboration | City of Chandler, Chandler Care Center, Vision Quest 2020, HEARS for Children, Lions Vision Service Center, Ear Foundation of Arizona, Target Optic Service Center, The Birth Haven, Americas Best, AZDHS Office of Newborn Hearing Screening, Per Spectecals, Phoenix Children's Hospital, Dobson Academy, Queen Creek Library and the Town of Gilbert Heritage Center, AZCEND, Dr. Wine anOptometrist. |
| Performance / Impact | <p>The program goals were met despite the COVID19 closure that occurred 3 ½ months before the end of the fiscal year. The following were clinic specific metrics:</p> <ol style="list-style-type: none"> 1. Number of clinics provided - 79 2. Number of people screened - 1128 3. Number of people educated – 749. The adult vision program for the homeless people participating in AZCENDs program had started with committed partners. Clinics were held and the adults were examined by the volunteer optometrist. Glasses were provided. Participants were case managed until the process was complete. |
| Hospital's Contribution / Program Expense | Program expenses are covered by City of Chandler grant funds. Dignity Health Foundation funding= \$9,050. Employee benefits are paid by Dignity Health at 30% = \$17,439. CRMC provides office space. |
| FY 2021 Plan | |

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| Program Goal / Anticipated Impact | While following CDC and hospital guidelines, vision screening, referral and education will be provided to the population of adults experiencing unstable housing. Vision and hearing screening will be provided for children from newborn -18 years in the Dignity Health service areas. Children and adults requiring intervention will receive referral and follow-up care in a timely manner. |
| Measurable Objective(s) with Indicator(s) | <ol style="list-style-type: none"> 1. Number of clinics provided 2. Number of people screened 3. Number of people educated 4. Number of grants submitted - awarded 5. Number of partners 6. Number of referrals |
| Intervention Actions for Achieving Goal | COVID-19 pandemic caused the closure of all clinics beginning March 11th and continuing through the end of FY20. When able to open collaboration with Chandler Care Center, Birth Haven and Gilbert Heritage Center as well as preschools, charter schools, home schooled and home day care communities will resume. Collaboration with all partners providing grants and funds will continue and awarded funds will be used as designated when clinics are open. Market the program. |
| Planned Collaboration | City of Chandler, Chandler Care Center, Vision Quest 2020, HEARS for Children, Lions Vision Service Center, Ear Foundation of Arizona, Target Optic Center, Birth Haven, AZDHS Office of Newborn Hearing Screening, Phoenix Children's Hospital, Dobson Academy, Gilbert Heritage Center, AZCEND, Dr. Wine an Optometrist, Power of the Purse. |



Immunization Program

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| Significant Health Needs Addressed | x Access to Care <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health & Behavioral Health <input type="checkbox"/> Diabetes <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Social Determinants of Health <ul style="list-style-type: none"> - Food Insecurity - Housing/Homelessness - Transportation |
| Program Description | Children's and Adult's Vaccine Program provides free immunizations (vaccines provided through the State Vaccines for Children Program) for children 18 years and younger who are uninsured, underinsured, on AHCCCS, or American Indian or Alaskan Native and offers free adult immunizations (vaccines provided through the State Vaccines for Adults |

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| | Program) for people 19 years and older who are uninsured or underinsured. Free clinics are held at the CRMC Licensed Outpatient Treatment Center at the Chandler Care Center and at mobile sites in partnership with Maricopa County Department of Health Services throughout the East Valley service areas. Dignity Health provides staffing and supplies for the clinics. |
| Community Benefit Category | A2 - b Community-Based Clinical Services |
| FY 2020 Report | |
| Program Goal / Anticipated Impact | <ol style="list-style-type: none"> 1. Administered vaccinations to children and adults seeking immunization with emphasis on medically underserved communities and families while providing education and awareness on the importance of immunizations. 2. Established Covid-19 compliant clinics as requested by the CDC to help maintain childhood immunization rates in our community 3. Maintained accurate and regulatory compliant data collection and entry of the data into the state immunization database (ASIIS). 4. Ongoing evaluation of current contracts/partnerships. 5. Increased client base through aggressive marketing 6. Seek grant and donated funds to offset cost of program |
| Measurable Objective(s) with Indicator(s) | <p>Impact was measured through clinic information entered into a data base as well as reports run from ASIIS and Lawson reports. The Community Outreach nurse maintained records of her contacts and results.</p> <ol style="list-style-type: none"> 1. Number of immunization clinics for children and adults. 2. Number of people immunized: children and adults. 3. Monitor and track revenue and pharmaceutical costs. 4. Percentage of State data entered and up to date by June 30th. |
| Intervention Actions for Achieving Goal | <ol style="list-style-type: none"> 1. Use the CDC guidelines to safely open COVID compliant immunization clinics. 2. Seeking grants and funds to help offset costs not covered by Federal government. 3. Continue marketing to the community to increase our vaccination rates and the continued efforts to eradicate communicable vaccine preventable diseases. |
| Collaboration | Chandler Unified School District, Chandler Care Center, VFC, VFA, ASIIS, Town of Gilbert, Gilbert Heritage Center, AZCEND, Gilbert Fire and Rescue, Maricopa County Department of Health, Tempe School District, The Arizona Partnership for Immunization. |
| Performance / Impact | <ol style="list-style-type: none"> 1. Number of immunization clinics for children and adults - 68 2. Number of people vaccinated: children and adults - 3102 3. Monitor and track revenue and pharmaceutical costs - Revenue \$1878/Pharm \$25,441 |

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| | 4. Percentage of ASIIS data entered and up to date by June 30th- 100% 5. Number of COVID clinics - 6 6. Number of COVID clinic patients - 63 |
| Hospital's Contribution / Program Expense | Staff salaries and benefits \$241,185 Program expenses \$12,787 Pharma \$25,441 |
| FY 2021 Plan | |
| Program Goal / Anticipated Impact | Supply COVID-19 compliant clinics as requested by the CDC to help maintain childhood immunization rates in our community and administer vaccinations to children and adults with emphasis on medically underserved communities and families while providing education and awareness on the importance of immunizations. |
| Measurable Objective(s) with Indicator(s) | 1. Number of immunization/COVID-19 clinics for children and adults. 2. Number of people screened: children and adults. 3. Monitor and track revenue and pharmaceutical costs. 4. Percentage of ASIIS data entered and up to date by June 30 th . 5. Number and frequency of marketing contacts. |
| Intervention Actions for Achieving Goal | 1. Use the CDC guidelines to safely open COVID compliant immunization clinics. 2. Seeking grants and funds to help offset costs not covered by Federal government. 3. Continue marketing to the community to increase our vaccination rates and the continued efforts to eradicate communicable vaccine preventable diseases. |
| Planned Collaboration | Contract with Maricopa County Department of Public Health to give flu shots to VFC patients and uninsured or underinsured patients. Will receive some reimbursement for the vaccine and for the administration fee. We will assist with COVID-19 vaccine when it is available. |

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.

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| Maricopa County Department of Public Health (MCDPH) | Dignity Health Arizona is part of the SYNAPSE Collaborative Community Health Needs Assessment Partnership with other health systems for the Maricopa County, AZ CHNA. Through this partnership, hospitals work collaboratively with the county identify approaches for the most pressing health needs impacting the community. MCDPH: Health Improvement Partnership of Maricopa County |
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| | (HIPMC): Dignity Health, Arizona is a member of HIPMC, a community-wide action plan for addressing priority health issues identified in Maricopa County's Community Health Needs Assessment, and the health priorities of health partners. |
| Town of Gilbert | CRMC is a collaborator with the Heritage Center Wellness, Education, and Resource Center that opened in 2018 to improve access to care and resources. At the center, Dignity Health dental services, immunizations, children's hearing and vision screening, and community education. Dignity Health will be an active participant in the newly developed Diversity, Equality and Inclusion Taskforce. |
| City of Chandler | CRMC is a collaborative partner with the Chandler CARE Center located on the Galveston Elementary School campus. The CARE Center offers access to care for underserved children and families in the community. Services include WIC, Southwest Behavioral Health, food bank, medical and dental, hearing and vision screening, and immunizations. |
| Chandler | <p>Chandler Regional Medical Center is in partnership with the Chandler Substance Misuse and Treatment Task Force that works with hospitals, schools and community stakeholders to provide education, access to treatment and recovery, and support for individuals and families experiencing drug addiction.</p> <p>CRMC is a collaborative partner with Mission of Mercy that offers a medical home to the uninsured through their Chandler-based clinic.</p> |
| City of Maricopa | Chandler Regional Medical Center is a lead collaborator with the City of Maricopa for the Family Advocacy Center that opened in April, 2019. The Family Advocacy Center provides supportive services and investigative services for victims of crime, including victims of family violence and their children. |
| Queen Creek | Chandler Regional Medical Center is in partnerships with the Town of Queen Creek in efforts to address increasing numbers of teen suicide. |
| City of Mesa | <p>House of Refuge: Dignity Health sponsors one of the many transitional homes supporting homeless families to gain independence.</p> <p>CRMC is a collaborative partner with Mission of Mercy that offers a medical home to the uninsured through their Mesa-based clinic.</p> |
| Foundation for Senior Living - ACTIVATE | ACTIVATE is a high-risk patient navigation program that improves post hospitalization recovery, reduces readmission, and improves patient quality of life through pre-discharge and post-discharge support. Through the program patient needs and social determinants of health are effectively addressed. |

Dignity Health investments offers below-market interest rate loans and other investments to nonprofit organizations working to improve the health status of their communities. Current investments in the CRMC service area are:

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| Chicanos Por La Causa | Amount: \$4 Million <ul style="list-style-type: none"> - Education, advocacy, small business lending - Acquire, rehabilitate, and manage 95 units of affordable multi-family housing - Wrap around services - Development of 187 units of affordable mixed-use and mixed-income housing as part of a comprehensive revitalization for the City of Mesa. |
| Trellis | Amount: \$500,000 <ul style="list-style-type: none"> - Home ownership to low- and moderate-income residents of Maricopa County - Financial counseling and homeownership education |
| Brighter Way | Amount: \$500,000 <ul style="list-style-type: none"> - Expands its dental health programs serving low-income adults, high-risk children, and military veterans with basic preventive procedures, orthodontia, dentures and implants. - Clinics include Parsons Center and Homeless Services Campus (Phoenix) and Canyon State Academy Clinic (Queen Creek) |
| Rural Community Assistance Corporation (RCAC) | Amount : \$50,000 <ul style="list-style-type: none"> - Assists rural communities in building social capital, environmental infrastructure, and affordable housing - RCAC financing creates employment opportunities, affordable housing, safe and reliable environmental infrastructure, and much-needed community facilities and services. |
| Arizona Community Foundation | Amount: \$5 Million <ul style="list-style-type: none"> - Creation of health clinic - Charter schools - Affordable housing |
| Clothes Cabin | Amount: \$500,000 <ul style="list-style-type: none"> - School clothing to low-income children - Work clothing for low-income men and women - Homeless in Chandler and Gilbert Arizona |

Economic Value of Community Benefit

510 Chandler Regional Medical Center

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2019 through 6/30/2020

| | Persons | Net Benefit | % of Expenses |
|--|--------------------|-----------------------|------------------|
| <u>Benefits for Poor</u> | | | |
| Financial Assistance | 9,544 | 6,156,160 | 1.2% |
| Medicaid | 37,278 | 35,567,377 | 6.9% |
| Community Services | | | |
| A - Community Health Improvement Services | 6,927 | 649,796 | 0.1% |
| E - Cash and In-Kind Contributions | 108 | 245,260 | 0.0% |
| Totals for Community Services | 7,035 | 895,056 | 0.2% |
| Totals for Poor | 53,857 | 42,618,593 | 8.2% |
| <u>Benefits for Broader Community</u> | | | |
| Community Services | | | |
| A - Community Health Improvement Services | 12,398 | 659,413 | 0.1% |
| B - Health Professions Education | 1,124 | 1,796,810 | 0.3% |
| E - Cash and In-Kind Contributions | 0 | 7,768 | 0.0% |
| F - Community Building Activities | 61 | 74,644 | 0.0% |
| G - Community Benefit Operations | 0 | 206,682 | 0.0% |
| Totals for Community Services | 13,583 | 2,745,317 | 0.5% |
| Totals for Broader Community | 13,583 | 2,745,317 | 0.5% |
| Totals - Community Benefit | 67,440 | 45,363,910 | 8.7% |
| Medicare | 50,069 | 40,740,295 | 7.8% |
| Totals with Medicare | 117,509 | 86,104,205 | 16.6% |

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 HEALTH COMMITTEE MEMBERS OF THE EAST VALLEY HOSPITALS

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| Mario Valadez | Senior Director, Mission Integration, Dignity Health East Valley |
| Carrie Smith | Chief Operating Officer, FSL |
| Blythe FitzHarris | Chief Clinical Officer Mercy Care |
| Debbie Hillman | Chief Administrative Officer Mercy Care |
| Milissa Chanice | Director local non profit |
| Trinity Donovan | CEO AZCEND |
| Kathleen Dowler | Director, Community Health, Dignity Health East Valley |
| Tom Dwiggin | Fire Chief, City of Chandler Fire Department |
| Judy Cato | Benefits Director, Benefits Design & Mgmt Arizona State University |
| Jeanne Cahill | Manager, Center for Diabetes Management, Dignity Health East |
| Carl Landrum | Community Member |
| Chris Clark | President, Queen Creek Chamber of Commerce |
| Sister Mary Kilgariff, RSM | Dignity Health (retired) |
| Ivars Vancers | Owner, Vancers Consulting |
| Melanie Dykstra | Program Supervisor, Town of Gilbert |
| Sister Bridget McCarthy, RSM | Dignity Health (retired) |
| Jeanene Fowler | Program Operations Administrator, Maricopa |
| Dr. Sandy Indermuhle | MD Medical Services, Dignity Health East Valley |
| Jason Bagley | Director, State Government Relations, Intel |
| Mark Slyter | President Chandler Regional and Mercy Gilbert Medical Centers |
| Sandy Cooper | Assistant Superintendent, Chandler Unified School District |
| Susan Swann | Financial Analyst, Dignity Health East Valley |
| Wendy Otten | Manager Trauma Program, Dignity Health East Valley |

COMMUNITY GRANTS COMMITTEE MEMBERS OF THE EAST VALLEY HOSPITALS

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| Desiree Granillo | Mgr.of Clinical Social Work Care Coordination, Chandler Regional |
| Gia Snooks | Prenatal Program Coordinator, Dignity Health EV |
| Ivars Vancers | Owner, Vancers Consulting Services |
| Jeanne Cahill | Manager, Center for Diabetes Management, Dignity Health EV |
| John Sentz | Board Member |
| Julie Graham | Director of External Affairs, Dignity Health Arizona |
| Kathleen Dowler | Director of Community Integration, Dignity Health EV |
| Laurel Vetsch | Grants Manager, Dignity Health East Valley Foundation |
| Lori Bacsalmasi | Manager, Community Education, Dignity Health EV |
| Joyce Cannon | Dignity Health Volunteer |
| Michelle Gross-Panico | Manager, Community Oral Health Dignity Health EV |
| Staci Charles | Owner Brain Lab |
| Susan Ohton | Manager, Community Wellness Dignity Health EV |
| Theresa Dettler | Senior Coordinator, Community Benefits Dignity Health EV |

HOSPITAL COMMUNITY BOARD MEMBERS OF THE EAST VALLEY

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| Jason Bagley – Vice Chair | Government Affairs Manager, Intel Corporation |
| Puneet Bhalla, MD | Physician (oncology), Ironwood Cancer & Research Center |
| Sandy Cooper | Assistant Superintendent, Chandler Unified School District |
| Helen Davis, JD | Attorney (specializing in family law), The Cavanagh Law Firm |
| Tom Dwiggin | Fire Chief, City of Chandler Fire Department |
| Judy Cato | Benefits Director, Benefits Design & Mgmt Arizona State University |
| Jonathan Hodgson, DO - Secretary | Neurologist, Gilbert Neurology |
| Linda Hunt | Service Area Vice President of Operations, Dignity Health Arizona |
| Rick Kettner | Senior Director of Engineering, Northrop Grumman |
| Sister Mary Kilgariff, RSM | Dignity Health (retired) |
| JW Rayhons | President/ Owner Rayhons Financial Solutions, LLC |
| Tom Marreel | Chief Executive Officer, Marreel Slater Insurance |
| Sister Bridget McCarthy, RSM | Dignity Health (retired) |
| Carol Schurz | Community Council Office, Sacaton Arizona |
| Hector Peñuñuri | Senior Distribution Key Account Manager, Salt River Project |
| Margarita Silva | Ex officio nonvoting member from SJHMC/SJWMC Board, Silva & |
| Mark Slyter | President Chandler Regional and Mercy Gilbert Medical Centers |
| Veena Vats, MD, FACS | Otolaryngologist, |
| Joan Warner, MD – Board Chair | Desert Foothills OB/GYN (retired) |
| Rhonda Curtis | VP, Principal Relationship Manager Wells Fargo |

Financial Assistance Policy Summary

Summary Of Financial Assistance Programs

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-500% of the Federal Poverty level, you will be charged the Amount Generally Billed (AGB), which is an amount set under federal law that reflects the amounts that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services that you received.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Chandler Regional Medical Center 1955 W. Frye Road, Chandler, AZ 85224 | **Financial Counseling** 480-728-3564
Patient Financial Services 855-892-2400 | www.dignityhealth.org/chandlerregional/paymenthelp

Mercy Gilbert Medical Center 3555 S. Val Vista Drive, Gilbert, AZ 85297 | **Financial Counseling** 480-728-7281
Patient Financial Services 855-892-2400 | www.dignityhealth.org/mercygilbert/paymenthelp

St. Joseph's Hospital & Medical Center 350 W Thomas Road, Phoenix, AZ 85013 | **Financial Counseling** 602-406-4923
Patient Financial Services 877-877-8345 | www.dignityhealth.org/stjosephs/paymenthelp

St. Joseph's Westgate Medical Center 7300 N 99th Avenue, Glendale, AZ | **Financial Counseling** 866-556-8221
Patient Financial Services 877-877-8345 | www.dignityhealth.org/stjosephs/paymenthelp