



Community Health Implementation Strategy 2016 - 2018

Siena Campus



Dignity Health™
St. Rose Dominican

TABLE OF CONTENTS

Executive Summary	1
Mission, Vision, and Values	2
Our Hospital and Our Commitment	3
Description of the Community Served	7
Implementation Strategy Development Process	
Community Health Needs Assessment Process	10
CHNA Significant Health Needs	11
Creating the Implementation Strategy	14
Planning for the Uninsured/Underinsured Patient Population.....	16
2016-2018 Implementation Strategy	
Strategy and Program Plan Summary	17
Anticipated Impact.....	19
Planned Collaboration	19
Program Digests.....	20
Appendices	
Appendix A: Community Board and Committee Rosters	28
Appendix B: Other Programs and Non-Quantifiable Benefits	31
Appendix C: Financial Assistance Policy Summary	36

EXECUTIVE SUMMARY

St. Rose Dominican serves the areas surrounding the three acute care hospitals in the southern portion of the Las Vegas Valley. This area includes the City of Henderson and the southwest area of Clark County/Las Vegas, which are urban and suburban areas with diverse socio-economic conditions.

The significant community health needs that form the basis of this report and plan were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at strosehospitals.org. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are:

1. Access to Healthcare
2. Chronic Disease – reduce obesity and tobacco use
3. Policy and Funding

For FY16 – FY18, St. Rose Dominican Hospital plans to help address identified needs through the following ongoing programs and activities:

- **Nevada Health Link Exchange Enrollment Facilitators**
- **Stanford Chronic Disease Management Programs**
- **CDC National Diabetes Prevention Program (Prevent T2)**
- **ADA Diabetes Management Program**
- **CHAMP (Congestive Heart Active Management Program)**
- **Women, Infants, & Children (WIC) Nutrition Program**
- **Stroke Sharegivers**
- **Cardiac Nutrition**
- **RED Rose Mammography Program**
- **Helping Hands of Henderson**
- **Homeless Community of Care**
- **Freedom From Smoking**
- **Enhance Fitness**
- **Maternal Child Health Coalition**
- **WomensCare Wellness Program**

For FY17 and FY18, the hospital plans to continue these programs.

This document is publicly available at strosehospitals.org and will be shared with key community partners, grantees, coalitions, stakeholders and legislators. Written comments on this report can be submitted to St. Rose Community Health, 2651 Paseo Verde Pkwy, Ste 180, Henderson, NV 89074 or by e-mail to holly.lyman@dignityhealth.org.

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it is delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for – health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

As the community's only not-for-profit, faith-based hospital system, the St. Rose Dominican hospitals are guided by the vision and core values of the Adrian Dominican Sisters and Dignity Health.



Rose de Lima Campus on opening day, 1947

The Adrian Dominican Sisters arrived in the summer of 1947 to run what was then a small community hospital. Dignity Health - St. Rose Dominican now has three hospital campuses in the southern part of the Las Vegas valley, with a total of 592 beds, more than 1,300 physicians, 540 volunteers and more than 3,500 employees. St. Rose is part of Dignity Health, a network of more than 300 care centers, including hospitals, urgent and occupational care, imaging centers, home health and primary care clinics. As the community grows, the three St. Rose hospitals continue the Sisters' mission of serving people in need.

The Rose de Lima Campus was founded by the Adrian Dominican Sisters in 1947, currently has 119 beds and just recently went through a built environment renovation. The hospital's Rehabilitation Institute of Henderson houses state-of-the-art pieces of robotic equipment that are exclusive to our hospital in Nevada and are incredibly helpful in getting patients rehabilitated and back on their feet. This year, Healthgrades awarded the Rose de Lima Campus a five-star rating for esophageal, stomach and colorectal surgeries.

The Siena Campus, listed by U.S. News & World Report as the best regional hospital for 2016-2017, was founded in 2000 and currently has 326 beds. Construction on a new five-story, nearly 220,000 square foot hospital tower was completed late last year. The new facility will add nearly 100 private rooms, a more than doubled-in-size emergency room, newly FDA-approved PET scan, six new operating rooms, new joint replacement and intensive care units. In 2015, the hospital's trauma center was re-verified as a Level III trauma center by the Committee on Trauma (COT) of the American College of Surgeons. The Siena Campus is also designated as a Baby-Friendly hospital, and entered into a partnership with The Mayo Clinic to bring their telestroke program into our emergency room. Siena was also recently awarded with the American College of Cardiology's NCDR ACTION Registry-GWTG Platinum Performance Achievement Award for 2016. Also, Healthgrades awarded the Siena Campus a five-star rating for c-section deliveries.

The San Martín Campus opened in late 2006 and houses 147 beds. In 2015, the San Martín Campus was awarded the American College of Cardiology's NCDR ACTION Registry-GWTG Silver Performance Achievement Award for 2016 and Healthgrades awarded the San Martín Campus a five-star rating for

COPD and heart failure. In 2014, the San Martín Campus was the first hospital in southern Nevada to be designated as a Baby-Friendly hospital.

Rooted in Dignity Health's mission, vision and values, St. Rose Dominican is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Health Advisory Committee.

St. Rose Dominican is committed to meeting the health needs of the community by ensuring implementation of successful programs that meet the specific needs of the people it serves. Success is achieved through assessment of community needs, involvement of key leaders and stakeholders on the Community Health Advisory Committee, community board, community partnerships, and implementation of community benefit activities by the community benefit staff.

The Vice President of Mission Integration, Chief Strategy Officer and the Director of Community Outreach serve as advisors to the Executive Leadership Team for Community Benefit programming. Through collaborative dialogue, community benefit activities are included and aligned with the St. Rose Dominican strategic plan. The final plan was approved by the St. Rose Dominican Community Board on November 17, 2016.

The Community Outreach Department is accountable for planning, implementing, evaluating, reporting, and ultimately for the success of designated programs. The Community Outreach Department is directly responsible for:

- Community Health Needs Assessment
- Dignity Health Community Grants Committee
- Program implementation, evaluation and monitoring
- Community collaboration
- Monitoring and reporting of community benefit activities

Executive Leadership Team: The St. Rose Dominican Executive Leadership Team is responsible for reviewing the Community Benefit Report and Plan prior to presentation and approval by the Community Board. The Executive Leadership Team's contribution to the community benefit plan includes:

- Alignment of Community Benefit Plan with Community Health Needs Assessment (CHNA) and other community needs.
- Alignment of Community Benefit Plan with the overall Strategic Plan for the service areas for all three St. Rose Dominican campuses.
- Budgeting for resources
- Monitoring and reporting

Community Health Advisory Committee (CHAC): Established in 2009 to ensure that the community board is involved in establishing and monitoring priorities, plans, and programs to enhance the health status of the community. This committee includes all three campus Mission Vice Presidents, the Chief Strategy Officer, Board Members, community stakeholders, and key staff from Community Outreach. CHAC will assist the community board in reviewing community needs, discussing alternative strategies, recommending community benefit plans, and monitoring progress towards identified goals. Committee objectives include ensuring that:

- A broad range of community stakeholders are engaged in the hospitals' community health assessment and identification of priorities
- The community health priorities are integrated into the hospitals' strategic planning and budgeting processes
- The hospital's community benefit plan focuses on members/sectors of the community with disproportionate unmet health needs
- Making recommendations and reviewing the hospital's Community Grant awards
- Program goals and outcomes are achieved

Community Board: The St. Rose Dominican Community Board is comprised of a diverse group of leaders who support the mission and values of Dignity Health. Community board members are regarded in their community as respected and knowledgeable individuals in their fields. In addition, they are committed to expanding their understanding of hospital and health care matters. Throughout the fiscal year, the community board receives reports on community benefit programs. In addition, the board reviews and approves the annual Community Benefit Report and the triennial Community Health Needs Assessment.

Refer to Appendix A for list of the CHAC and Community Board members.

Key Staff:

Director Community Health
 Manager Community Health
 Manager WIC
 Helping Hands Supervisor
 Lead IBCLC
 RD/CDE

Bi-lingual Health Education Specialist
 Bi-lingual Breast Cancer Navigators
 Bi-lingual NHL Navigators
 Health Educators
 Stanford CDSME Facilitators
 Coalition Coordinator

Dignity Health – St. Rose Dominican's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In the 2016 grant cycle, St. Rose Dominican awarded \$291,187 in grants to the following community-based non-profit organizations to further the mission of Dignity Health through improved access to needed services:

- | | |
|---|---|
| • A.R.M.A.N. | • Volunteers in Medicine of Southern NV |
| • Bower School-Based Health Center | • WestCare Nevada |
| • Catholic Charities of Southern Nevada | |

In addition, Dignity Health provides financial support to nonprofit organizations in the community through low investment loans:

1. \$2,000,000 in approved new and ongoing investments in Idaho-Nevada Community Development Financial Institution (INCDFI), which this past year, leveraged a \$2.5 million loan for the rehabilitation of 110 units of senior affordable housing in Las Vegas, creating 172 construction jobs, retaining one permanent job and leveraging an additional \$17 million in financing from other sources.
2. \$1,525,000 in approved ongoing and new investments in Accessible Space, a non-profit developer of senior and disabled affordable housing for two projects: (a) Coronado Drive Senior housing, a 60-unit senior supportive housing development in Henderson and (b) Bonnie Lane Apartments, a 66-unit senior supportive housing development in Las Vegas.
3. \$50,000 approved Line of Credit for Family TIES of Nevada, a statewide non-profit organization providing support, information, and assistance to achieve family-centered care for individuals with disabilities or special health care needs through family, community, and professional partnerships.

DESCRIPTION OF THE COMMUNITY SERVED

Dignity Health St. Rose Dominican defines the community served as Clark County. A summary description of the community is below, and additional community facts and details can be found in the CHA report online.

All counties within Nevada had tremendous population growth within the last decade. However, the majority of the population remains within Clark County. Clark County comprises only 7% (8,091 square miles) of Nevada's land mass (110,567 square miles) but contains 72% of the state's total population.

Demographic and Socioeconomic Profile

The diversity of Clark County's population, like its core population, is also increasing. The largest racial group, White (Including Hispanic/Latino ethnicity), makes up 62.5% of the population, followed by the populations identifying as Black or African American (11.1%) and as Asian (9.3%). In addition, 30.3% of Clark County residents identify as Hispanic or Latino, a higher percentage than seen across Nevada and much higher than the rest of the U.S. (U.S. Census Bureau). Two-thirds of Clark County residents spoke only English at home as of 2014. Among the remaining third, the residents spoke Spanish or Spanish Creole at home.

Community Demographics

Total Population: 2,119,853

Race: 44.3% White – Non-Hispanic, 30.7% Hispanic or Latino, 10.6% African American, 10.2% Asian/Pacific Islander, 4.2% Other

Median Income: \$52,583

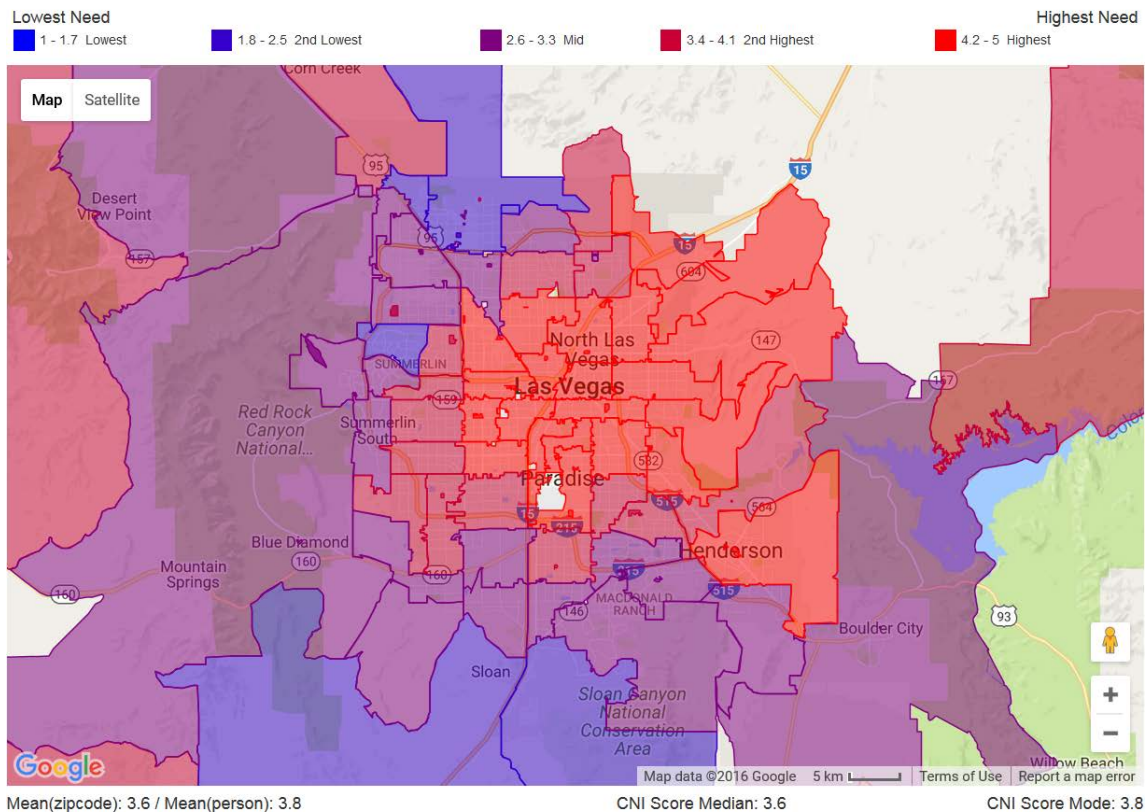
Uninsured: 9.5%

Unemployment: 7.6%

No HS Diploma: 15.6%

Medicaid Population: 19.0%

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. 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	CNI Score	Population	City	County	State
89002	2.6	34322	Henderson	Clark	Nevada
89005	3.2	15506	Boulder City	Clark	Nevada
89011	3.8	25034	Henderson	Clark	Nevada
89012	2.8	33004	Henderson	Clark	Nevada
89014	3.6	36241	Henderson	Clark	Nevada
89015	4.2	39624	Henderson	Clark	Nevada
89018	4	6390	Indian Springs	Clark	Nevada
89019	3.4	3227	Jean	Clark	Nevada
89021	2.6	396	Logandale	Clark	Nevada
89027	3.6	15483	Mesquite	Clark	Nevada
89029	4	8820	Laughlin	Clark	Nevada
89030	5	52992	North Las Vegas	Clark	Nevada
89031	3.6	68805	North Las Vegas	Clark	Nevada
89032	4.2	45783	North Las Vegas	Clark	Nevada
89034	1.6	1215	Mesquite	Clark	Nevada
89039	3.6	335	Cal Nev Ari	Clark	Nevada
89040	3.6	10722	Overton	Clark	Nevada
89044	2.4	18387	Henderson	Clark	Nevada
89046	3.8	492	Searchlight	Clark	Nevada
89052	2.8	57117	Henderson	Clark	Nevada
89054	2.2	185	Sloan	Clark	Nevada
89074	3	47769	Henderson	Clark	Nevada
89081	3.8	35874	North Las Vegas	Clark	Nevada
89084	2.6	27364	North Las Vegas	Clark	Nevada
89085	2.4	4291	North Las Vegas	Clark	Nevada
89086	3.8	7014	North Las Vegas	Clark	Nevada
89101	5	44673	Las Vegas	Clark	Nevada
89102	5	35385	Las Vegas	Clark	Nevada
89103	4.4	50398	Las Vegas	Clark	Nevada
89104	4.8	38994	Las Vegas	Clark	Nevada
89106	5	26092	Las Vegas	Clark	Nevada
89107	4.6	36718	Las Vegas	Clark	Nevada
89108	4.6	72226	Las Vegas	Clark	Nevada
89109	4.4	7035	Las Vegas	Clark	Nevada
89110	4.8	74977	Las Vegas	Clark	Nevada
89113	3.8	27268	Las Vegas	Clark	Nevada

89115	5	63608	Las Vegas	Clark	Nevada
89117	3.6	56833	Las Vegas	Clark	Nevada
89118	4	21519	Las Vegas	Clark	Nevada
89119	4.4	48733	Las Vegas	Clark	Nevada
89120	4	23621	Las Vegas	Clark	Nevada
89121	4.6	63655	Las Vegas	Clark	Nevada
89122	4.2	54097	Las Vegas	Clark	Nevada
89123	3.8	61442	Las Vegas	Clark	Nevada
89124	3.4	1521	Las Vegas	Clark	Nevada
89128	4	35760	Las Vegas	Clark	Nevada
89129	2.8	55877	Las Vegas	Clark	Nevada
89130	3	33450	Las Vegas	Clark	Nevada
89131	2.2	49893	Las Vegas	Clark	Nevada
89134	2.2	23467	Las Vegas	Clark	Nevada
89135	2.6	29684	Las Vegas	Clark	Nevada
89138	3	14761	Las Vegas	Clark	Nevada
89139	3.2	39211	Las Vegas	Clark	Nevada
89141	3	31784	Las Vegas	Clark	Nevada
89142	4.4	35847	Las Vegas	Clark	Nevada
89143	2.2	15812	Las Vegas	Clark	Nevada
89144	2.8	20501	Las Vegas	Clark	Nevada
89145	3.8	23590	Las Vegas	Clark	Nevada
89146	4.2	18551	Las Vegas	Clark	Nevada
89147	3.8	52626	Las Vegas	Clark	Nevada
89148	3.4	51188	Las Vegas	Clark	Nevada
89149	2.6	36554	Las Vegas	Clark	Nevada
89156	4.8	27465	Las Vegas	Clark	Nevada
89161	3	596	Las Vegas	Clark	Nevada
89166	3	12440	Las Vegas	Clark	Nevada
89169	4.8	24210	Las Vegas	Clark	Nevada
89178	2.6	32892	Las Vegas	Clark	Nevada
89179	2.6	6007	Las Vegas	Clark	Nevada
89183	3.2	41116	Las Vegas	Clark	Nevada
89191	4.4	1050	Nellis Afb	Clark	Nevada

IMPLEMENTATION STRATEGY DEVELOPMENT PROCESS

The hospital engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Health Advisory Committee and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment Process

Conducted every three years, most recently in May 2016, the Community Health Needs Assessment identifies the health needs of Las Vegas Valley residents by recognizing ongoing health concerns and gaps in health related services offered to the community. St. Rose Dominican is able to focus outreach efforts and expand resources both unilaterally and in collaboration with other community service providers in an effort to continually improve the health status of the community we serve.

The ACA requirements are mirrored in the Public Health Accreditation Board's (PHAB) standard mandating that health departments participate in or conduct a community health assessment every three to five years. Federally funded community health centers must also ensure their target communities are of high need. The similar requirements from IRS, PHAB, and the federally funded health center requirements put forth by the United States Department of Health and Human Services provide an opportunity to catalyze stronger collaboration and better shared measurement systems among hospitals, health centers, and health departments. Additionally, limited resources for comprehensive health assessments and the move toward new population health models have created the need for an organized, collaborative, public-private approach for conducting assessments. As a result, the following organizations joined forces with Southern Nevada Health District to identify the communities' strengths and greatest needs in a coordinated community health assessment:

- American Heart Association
- Boulder City Hospital
- Catholic Charities
- Center for Progressive Policy and Progress
- Clark County School District
- Clark County Social Services
- Dignity Health-St. Rose Dominican Hospitals
- Federal Reserve Bank of San Francisco
- Las Vegas Chamber of Commerce
- March of Dimes
- Nevada Hand
- United Way
- University Medical Center
- University of Nevada-Las Vegas and University of Nevada-Reno

The process of conducting this assessment began with a review of approximately 100 indicators to measure health outcomes and associated health factors of Clark County residents. The indicators included demographic data, social and economic factors, health behaviors, physical environment, health care, and health outcomes. Health needs were identified through the combined analysis of secondary data and community input. Based on the review of the secondary data, a consultant team developed a primary data collection guide used in focus groups which were made up of representatives of minority and underserved populations who identified community concerns and assets. Surveys were collected from key informants to help determine community needs and priorities. Additionally, meetings were held with stakeholders from the community to assist with the analysis and interpretation of data findings. No written comments were received on the most recent previous CHNA and Implementation Strategy. There are no known information gaps that limit the ability of this CHNA to assess the community's health needs. The assembled data, information, and analyses provide a comprehensive identification and description of significant community health needs.

CHNA Significant Health Needs

To be considered a significant health need, a health outcome or a health factor had to meet two criteria. First, existing data had to demonstrate that the primary service area had a health outcome or factor rate worse than the average Clark County rate, demonstrate a worsening trend when compared to Clark County data in recent years, or indicate an apparent health disparity. Second, the health outcome or factor had to be mentioned in a substantial way in at least two primary data collection sources which were focus groups, surveys, or stakeholder meetings.

The process for prioritization included engagement with both Clark County stakeholders and community partners. The first step of the process was a comprehensive presentation by SNHD that included an overview of the CHA findings and key emerging health needs. The second step in the process involved review and prioritization of the key emerging health needs outlined in the SNHD presentation.

As participants discussed each health need, consideration was given to the following criteria: the size of the problem, disparity and equity, known effective interventions, resource feasibility and sustainability, and community salience. Through consensus, participants made final recommendations to the Southern Nevada Health District for priority health needs.

The following statements summarize each of the areas of priority for St. Rose, and are based on data and information gathered through the CHA.

A steering committee comprised of community stakeholders reviewed the CHA data to identify and understand specific health concerns within our community and proposed the following seven health priorities for Clark County:

1. Chronic disease: Top death/disability causes
2. Maternal-child health: Prematurity, low birth weight, teen birth
3. Infectious disease: Pneumonia & influenza
4. Injury: Suicide & drug poisoning
5. Access to care
6. Policy and funding related to public health
7. Quality and continuity of care

These seven proposed priorities were presented at a series of public meetings. The goal was to gather community input and feedback in order to refine and finalize the priorities. The community agreed on the following three significant health need priorities:

1. Access to Healthcare- Goals: Healthcare Access and Navigation, Healthcare Resources, Health Insurance
2. Policy and Funding- Goals: Funding Allocation Transparency, Increase Key Stakeholder Awareness of Financial Landscape of Public Health Funding in Southern Nevada, Increase Advocacy for Health in All Policies
3. Chronic Disease- Goals: Reduce Tobacco use, Reduce Obesity

In evaluating current community benefit programs, identifying priorities for community action and designing strategies for implementation, a variety of criteria will be applied to the consideration process, including:

Impact – The degree to which the issue affects or exacerbates other quality of life and health-related issues.

Magnitude – The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.

Seriousness – The degree to which the problem leads to death, disability or impairs one’s quality of life.

Feasibility – The ability of organizations to reasonably impact the issue, given available resources.

Consequences of Inaction – The risk of exacerbating the problem by not addressing it at the earliest opportunity.

Although the steering committee and community stakeholders selected three priority areas for focus, the collaborative group either already had interventions in place or had developed strong collaborations for the remaining 4 needs as outlined below. St. Rose Dominican will address each of the three significant needs above, plus what is outlined below.

Significant Health Needs not selected	Addressed by
Maternal-child health: Prematurity, low birth weight, teen birth	Addressed by St. Rose and other organizations: 1. St. Rose Dominican manages the statewide Maternal Child Health Coalition and one focus area is low birth weight babies 2. WIC Linkage Program 3. Prenatal Education Programs 4. March of Dimes 5. NHL & St. Rose Enroll Uninsured in health plans
Injury: Suicide and drug poisoning	Addressed by other organizations: Southern Nevada Injury Prevention Partnership
Infectious disease: Pneumonia and influenza	Addressed by other organizations: Immunize Nevada
Quality and continuity of care	Addressed by other organizations: Health Insight

Resources potentially available to address identified needs include services and programs available through hospitals, government agencies, and community based-organizations. Resources include access to over 15 hospitals for emergency and acute care services, over eight Federally Qualified Health Centers (FQHC), three food banks, three homeless shelters, school-based health clinics, churches, transportation services, health enrollment navigators, free or low cost medical and dental care, and prevention-based community education.

The Community Health Improvement Plan group (CHIP) is a collaborative effort between SNHD and a diverse array of public and private organizations addressing healthy eating, active living, linkages to care, tobacco-free living and other community health issues. With more than 176 members representing over 70 partner organizations, this is a valuable resource to help St. Rose connect to other community based organizations that are targeting many of the same health priorities.

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Rose community board in May 2016.

This report is widely available to the public on the hospital's web site, (strosehospitals.org) and a paper copy is available for inspection upon request at St. Rose Dominican Community Outreach Department.

Written comments on this report can be submitted to the St. Rose Dominican Community Outreach Department or by e-mail to CHA-StRose@DignityHealth.org.

CREATING THE IMPLEMENTATION STRATEGY

As a matter of Dignity Health policy, the hospital's 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:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration:** Work together with community stakeholders on community health needs assessments, health improvement program planning, and delivery to address significant health needs.

The Community Benefit Plan (CBP) and Implementation Strategy reports on the previous fiscal year's community outreach efforts and the planned direction for the next three years as it relates to the needs identified in the 2016 Community Health Needs Assessment. As hospital employees, it is our unique responsibility and privilege to interact with community-based organizations, committees, advisory councils, religious congregations, schools, and families.

The goals of community benefits are clear and planning is essential, but the nature of outreach is often charted day by day, person by person. We are reminded of this when we follow the example of unwavering spirit set by the Adrian Dominican Sisters yesterday and today. We are ever hopeful and inspired when we witness it in our employees who serve and in those we are fortunate enough to help in the community.

Definition of Community Benefit

Community benefits are programs or activities that provide treatment or promote health and healing in response to identified community needs and meet at least one of these objectives:

- Improve access to health care services.
- Enhance the health of the community.
- Advance medical or health care knowledge.
- Relieve or reduce the burden of government or other community efforts.

Process of Community Benefit

The St. Rose Dominican hospitals strive to integrate community benefit into ongoing processes of planning, budgeting and reporting. At both system-wide and local levels, Dignity Health explicitly uses its resources to benefit our brothers and sisters who are poor and to promote health and healing in the community. The community benefit process addresses:

- Organizational Infrastructure
- Community Health Assessment

- Community-based Partnerships
- Resource Allocation
- Program Development
- Performance Measurement
- Program Evaluation
- Reporting

Feedback, recommendations, and concerns are obtained from:

- Vice President of Mission Integration at all 3 campuses.
- St. Rose Dominican Executive Leadership Team
- Adrian Dominican Sisters' Council
- St. Rose Dominican Community Health Advisory Committee
- Dignity Health Local Area Grant Review Committee
- St. Rose Dominican Community Board

PLANNING FOR THE UNINSURED/UNDERINSURED PATIENT POPULATION

Dignity Health – St. Rose Dominican seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial 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 hospital's Financial Assistance Policy is in Appendix C.

Dignity Health – St. Rose Dominican notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

Actions taken to inform the public of the hospital's financial assistance policy include the following:

- Every patient receives an Admitting Guide which provides information on who to contact for financial assistance.
- Each facility website includes a link for financial assistance as well as an application to download in 10 languages.
- When a patient is self-pay and or is unable to make reasonable arrangement for payment, staff refers to financial assistance.
- Payment assistance posters are in each registration area of the hospital.

2016-2018 IMPLEMENTATION STRATEGY

This section presents strategies, programs and initiatives the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed “program digests” on select initiatives.

This strategy and plan 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.

STRATEGY AND PROGRAM PLAN SUMMARY

Chronic Disease – Obesity/Nutrition

Strategy	Program Summary: Current and Planned Activities
Increase breastfeeding rates for inpatient and WIC	<ul style="list-style-type: none"> • Maintain Baby Friendly hospital designation at both campuses. Track breastfeeding initiation rates. • Provide the WIC Breastfeeding Peer Counseling Program. Increase WIC client breastfeeding rates. • Provide outpatient support for new mothers including phone consults, individual consults, New Mommy Mixer support groups and pump rentals
Access to healthy foods including fruits and vegetables for Children & Adults	<ul style="list-style-type: none"> • Enroll children and families in WIC. Provide education on nutrition • Enroll children, adults and families in SNAP • Participate in the Invest Health Strategies for Healthier Cities Initiative • Planned: Promote Farmer’s Markets
Nutrition Education & Disease Management Programs	<ul style="list-style-type: none"> • CDC Diabetes Prevention Program • Medical Nutrition Therapy Consultations with an RD • ADA Diabetes Program • Nutrition classes with RD • Stanford CDSME Programs • WIC Nutrition Education and cooking demo programs • Planned: Research and implement an evidence-based childhood obesity initiative.
Soda Free & Nutrition Challenge	Planned: Partner with the Southern Nevada Health District on Key Nutrition initiatives

Chronic Disease – Obesity/Physical Activity

Strategy	Program Summary: Current and Planned Activities
Provide fitness programs for adults/seniors	<ul style="list-style-type: none"> • Enhance Fitness Program • Ageless Woman • Gentle Yoga • Tai Chi • Zumba Gold • Dragon Boating • Partner with local fitness events, sponsor and promote
Provide fitness programs for Children	<ul style="list-style-type: none"> • Girls on the Run • Dancing with Miss Jenny
Provide evidence-based education to increase physical activity	<ul style="list-style-type: none"> • CDC Diabetes Prevention Program • Stanford Chronic Disease Self- Management Education Programs • Enhance Fitness
Fitness App Complete Streets	<ul style="list-style-type: none"> • Planned: Partner with the Southern Nevada Health District to increase participation in fitness apps and infrastructure to support bicycling and walking • Planned: Work with local partners to promote and encourage complete streets projects and policies

Chronic Disease – Tobacco Usage

Strategy	Program Summary: Current and Planned Activities
Freedom From Smoking Program	<ul style="list-style-type: none"> Partner with American Lung Association to teach 4 classes per year Promote programs with physicians
NV Tobacco Prevention Coalition & NV Cancer Coalition	<ul style="list-style-type: none"> Staff participate on coalitions and support initiatives Participate in Advocacy Efforts to reduce tobacco use Promote key messages and education resources
Nevada Quitline 1-800-QUIT-NOW	<ul style="list-style-type: none"> Promote quitline to all patients and the community Increase call volume to Quitline by 10% (1,762 calls per year)
Prevent Tobacco use initiation among youth	<ul style="list-style-type: none"> Monitor and participate in policy issues that relate to youth tobacco use prevalence (i.e. tobacco pricing strategies, emerging tobacco products, age restrictions). Work with partners to educate youth on emerging tobacco product such as e-cigarettes and hookah.
Tobacco Treatment Measures	St. Rose: Assessment prior to admission, Brief intervention at bedside, discharged with a cessation referral/plan, 30 day follow-up
Better Breathers	Offer Monthly
Brief Tobacco User Intervention Trainings	Teach 20 providers. Increase provider Quitline referral to 180 per year.
Smoke-Free Campuses	All three St. Rose Facilities are smoke-free since 2006

Access to Care

Strategy	Program Summary: Current and Planned Activities
Enrolling the Uninsured	St. Rose Nevada Health Link Navigators will enroll the uninsured in a health plan, Medicaid, Nevada Check-up or health plan for the undocumented.
Providing clinical services for uninsured/undocumented	<ul style="list-style-type: none"> RED Rose program provides mammograms, ultrasounds, biopsies, surgeries and navigation for uninsured or undocumented women. Partner with Volunteers in Medicine and Nevada Health Centers to provide medical care to homeless, at-risk and vulnerable populations.
ER, Physician and Community Health Access	Build 4 neighborhood hospitals in key areas of need throughout our community. Hospitals will include a Dignity Health Medical Group and community health programs.
Transportation to medical appointments	Helping Hands provides round-trip rides to medical appointments, pharmacies and grocery shopping for home-bound seniors
Increasing PCPs (DHMG)	Dignity Health Medical Group will increase access to PCPs throughout the community

Policy & Funding

Strategy	Program Summary: Current and Planned Activities
Coalitions	<ul style="list-style-type: none"> Coordinate the Maternal Child Health Coalition and advocate for women and children Participate on the Nevada Tobacco Prevention Coalition and the Nevada Cancer Coalition to advocate. Staff serves on an additional 20 committees and groups to advocate.
St. Rose Advocacy	Work to increase key stakeholder awareness

Anticipated Impact

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Health Advisory Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

The hospital works closely with key partners to deliver programs. St. Rose staff serves on many coalitions and boards and the collective impact of these groups are vital to our community.

AIDS Provider Group
American Public Health Association
American Association for Respiratory Care
Association for the Treatment of Tobacco Use and Dependence
Community Partners for Better Health
Children's Advocacy Alliance
Healthy Communities Stakeholder Group
Helping Hands Coalition
Immunize Nevada
Improving Diabetes & Obesity Outcomes (iDo)
Intermountain West HPV Vaccination Coalition
Invest Health
Lambda Business Association
Las Vegas HEALS
Minority Health Coalition
Nevada Cancer Coalition
Nevada Diabetes Association
Nevada Diabetes Stakeholders
Nevada Maternal Child Health Coalition
Nevada Public Health Association
Nevada Statewide Coalition Partnership
Nevada Tobacco Prevention Coalition
Partners for a Healthy Nevada
Safe Kids Coalition
Southern Nevada Breastfeeding Task Force
Southern Nevada Early Childhood Advisory Council
Southern Nevada Health District Community Health Assessment Steering Committee
Southern Nevada HIV/AIDS Awareness Consortium Group
Southern Nevada Human Trafficking Task Force
Southern Nevada Strong
Spotlight Senior Services Network

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. 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.

Stanford Chronic Disease Self-Management Education	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Chronic Disease – Reduce Tobacco Use <input checked="" type="checkbox"/> Chronic Disease – Reduce Obesity <input type="checkbox"/> Policy & Funding
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	A 6-week comprehensive, outcomes-based program developed by Stanford University which includes education and action planning for participants to improve management of their chronic condition in the following areas: Taking action to manage symptoms such as pain and difficult emotions; improving nutrition, physical activity, health literacy and communication with physicians; managing medications and making appropriate plans that work with their lifestyle. Program available in English & Spanish.
Planned Collaboration	State of Nevada Department of Public and Behavioral Health; Aging and Disabilities Service Division, Cleveland Clinic Lou Ruvo Center for Brain Health, Centennial Hills Active Adult Center, Nevada Health Centers, Nevada Senior Services, OLLIE, CARE, Heritage Park Senior Facility, Nevada HAND, Veterans Administration, HealthInsight, The Center, St. Therese Center, The Caring Place, CHW Association, and Vision y Compromiso- Promotoras
Community Benefit Category	A1. Community Health Education
Planned Actions for 2016-2018	
Program Goal/ Anticipated Impact	Expand PSMP to Ryan White population and begin offering PSMP workshops in Spanish. Retain at least 75% CDSME lay leaders. Meet all FY17 grant objectives.
Measurable Objectives with indicator(s)	Reach 350 participants. Provide 2 leader trainings in CDSME. Reduce readmissions, ER visits and unscheduled physician office visits. Improve participant self-management skills.
Implementation Strategy for Achieving Goal	Offer Quality Circle quarterly meetings as a strategy to retain and engage lay leaders. Continue working with community partners at various locations to host workshops, secure additional grant funding, support partners to expand program statewide.
Planned Collaboration	OLLIE, Community Health Worker Association, Vision y Compromiso- Promotoras, AIDS Service Organizations

RED Rose Program	
Significant Health Needs Addressed	<p>Priority Areas identified in the 2016 St. Rose Community Needs Assessment</p> <ul style="list-style-type: none"> ✓ Access to Healthcare ❑ Chronic Disease – Reduce Tobacco Use ❑ Chronic Disease – Reduce Obesity ❑ Policy & Funding
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ❑ Build Community Capacity ❑ Collaborative Governance
Program Description	<p>The RED Rose program provides free mammography, ultrasound, biopsy and surgical consultations for individuals 49 years and younger who are uninsured or underinsured. The bi-lingual Breast Health Navigator coordinates care from screening to treatment.</p> <p>Support services are also available, such as payment of monthly utilities, transportation costs, groceries, rent and other incidentals while fighting breast cancer.</p>
Planned Collaboration	Susan G. Komen Foundation, Avon Foundation, National Breast Cancer Foundation, Radiology Associates, Southern Nevada Surgery, St. Rose Outpatient Radiology, Nevada Cancer Coalition
CB Category	A2. Community-Based Clinical Services
Planned Actions for 2016-2018	
Program Goal/Anticipated Impact	Provide medical services to assist in diagnosing breast cancer for those individuals who are uninsured and underinsured and/or those who do not have the financial means to seek diagnostic care. Provide financial assistance to low-income women undergoing breast cancer treatment
Measurable Objectives	Provide 150 clinical breast exams, 333 mammograms, 200 ultrasounds, 60 surgical consultations and 60 biopsies. Assist 35-45 women with financial support during chemotherapy and/or radiation treatments.
Intervention for Achieving Goal	Secure additional funding through grants, the Rose Regatta Dragon Boat Festival and other fundraising so we can help more women. Promote program to underserved/uninsured women and men through our Hispanic outreach efforts, <i>Reach</i> Magazine and referrals from other agencies. Assist 50 individuals to enroll in a health plan thru NHL.
Planned Collaboration	Susan G. Komen Foundation, Avon Foundation, National Breast Cancer Foundation, Radiology Associates, Southern Nevada Surgery, St. Rose Outpatient Radiology, Nevada Cancer Coalition

Helping Hands	
Significant Health Needs Addressed	Priority Areas identified in the 2016 St. Rose Community Needs Assessment <input checked="" type="checkbox"/> Access to Healthcare <input type="checkbox"/> Chronic Disease – Reduce Tobacco Use <input type="checkbox"/> Chronic Disease – Reduce Obesity <input type="checkbox"/> Policy & Funding
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Helping Hands of Henderson assists homebound individuals 60 years of age and older who live in Henderson with transportation to medical/dental appointment, prescription pickup and grocery shopping. This program allows our seniors to maintain an independent and healthy lifestyle.
Planned Collaboration	ADSD, City of Henderson, RTC, MGM Foundation, Bank of America
Community Benefit Category	A3. Health Care Support Services
Planned Actions for 2016-2018	
Program Goal/ Anticipated Impact	Assist in meeting the needs of seniors living in Henderson so they can remain independent in their home. The program provides access to physicians, grocery shopping, pharmacy pick up, and other needed services to allow the senior to maintain an independent and healthy life.
Measurable Objectives with indicators	Provide services to 600 unduplicated clients. Provide 7,650 round trip rides. Clients will report a 95% improvement in independence because of these services, and 0% of clients will go without food due to lack of transportation.
Intervention Actions for Achieving Goal	Recruit 18 new volunteers to the program, reduce waiting list to four months, and increase funding.
Planned Collaboration	ADSD, RTC, MGM Foundation, Bank of America

Nutrition & Fitness	
Significant Health Needs Addressed	Priority Areas identified in the 2016 St. Rose Community Needs Assessment <input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Chronic Disease – Reduce Tobacco Use <input checked="" type="checkbox"/> Chronic Disease – Reduce Obesity <input type="checkbox"/> Policy & Funding
Program Emphasis	Please select the emphasis of this program from the options below: <input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Implement evidenced-based prevention, education, nutrition and fitness programs.
Planned Collaboration	City of Henderson Parks & Rec, CDC DPP
Community Benefit Category	A3. Health Care Support Services
Hospital Contribution /Program Expense	St. Rose Dominican contribution \$350,423
Planned Actions 2016-2018	
Program Goal/ Anticipated Impact	Reduce readmits for CHF population at all three campuses. Increase support for stroke survivors and increase prevention activities throughout the market.
Measurable Objectives with Indicators	Prevention: 650 Nutrition Education Encounters, 200 Blood Pressure Screenings, 300 Lipid Panel Screenings, 40 PVD Screenings 40 Smoking Cessation, 16,500 Fitness , 500 Meditation CHF: 120 CHAMP Enrollment, Reduce readmissions in enrolled population Stroke: 1500 Sharegiver Visits, 600 Stroke & Aphasia Lunch Bunch
Baseline/Needs Summary	Cardiovascular diseases and stroke are the number 1 and number 5 causes of death in the country.
Implementation Strategy for Achieving Goal	Include all prevention programs for free or low-cost in REACH magazine. Increase referrals to CHAMP program through Cerner mechanism. Develop referral for primary care physicians.

Adults & Children without Health Insurance	
Significant Health Needs Addressed	<p>Priority Areas identified in the 2016 St. Rose Community Needs Assessment</p> <ul style="list-style-type: none"> ✓ Access to Healthcare ❑ Chronic Disease – Reduce Tobacco Use ❑ Chronic Disease – Reduce Obesity ❑ Policy & Funding
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ❑ Build Community Capacity ❑ Collaborative Governance
Program Description	Nevada has one of the highest uninsured rates in the nation. Five outreach staff are trained Exchange Enrollment Facilitators and will assist uninsured families with enrollment in Medicaid, CHIP or a Qualified Health Plan.
Planned Collaboration	Partnerships with Nevada Health Link and CARE Nevada to assist our clients in RED Rose, WIC, Family to Family, and WomensCare in enrolling in Medicaid or a QHP.
Community Benefit Category	A3. Health Care Support Services
Planned Actions for 2016-2018	
Program Goal/Anticipated Impact	Reduce the number of uninsured individuals and families in Nevada. This will allow access to affordable health care and preventive services.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • Assist 250 individuals in enrolling in a qualified health plan through Nevada Health Link. • Provide resources to our existing WIC, RED Rose, Family to Family and WomensCare uninsured clients. • Attend 100 outreach events • Collaborate with 30 partners to increase outreach • Recertify 3 EEFs
Intervention Actions for Achieving Goal	<p>Achieve NHL grant outcomes to secure ongoing funding.</p> <p>Train Staff, Maintain licenses</p> <p>Reach at-risk populations and underserved areas</p> <p>Attend community events</p> <p>Marketing in REACH and other areas</p>
Planned Collaboration	CARE, Three Square, Southern Nevada Health District, Mexican Consulate, African Community Center, The Center, Hispanic Grocery Stores, NAACP, Boulder Senior Center, Indian Springs Community Center, Pahrump Library, the Social Services Committee of Laughlin

Diabetes Management Program	
Significant Health Needs Addressed	Priority Areas identified in the 2016 St. Rose Community Needs Assessment <input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Chronic Disease – Reduce Tobacco Use <input checked="" type="checkbox"/> Chronic Disease – Reduce Obesity <input type="checkbox"/> Policy & Funding
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Provide evidence-based diabetes prevention, education and self-management programs.
Planned Collaboration	State of Nevada, ADA, AADE, CDC, QTAC, YMCA of Southern Nevada, Nevada Health Centers, Dignity Health Medical Group, Nevada Diabetes Stakeholder Group, HealthInsight
CB Category	A1. Community Health Education
Planned Actions for 2016-2018	
Program Goal	CDC NDPP: Achieve CDC's National Diabetes Prevention Program Recognition. Establish infrastructure needed to bill for DPP services. Offer a program quarterly. Offer 2 DPP Lifestyle coach trainings. ADA Program: Increase number of participants receiving diabetes education and participating in ongoing support. Stanford DSMP: Reached 100 DSMP participants. Offer 1 DSMP Leader Training. Expand AADE DSMP Stanford Plus program via telehealth to reach rural population.
Measurable Objective(s) with indicator(s)	ADA Program: Increase number of participants by 15% every year (FY 2017- 342 participants, 238 support group visits; FY 2018- 393 participants, 273 support group visits).
Intervention Actions for Achieving Goal	NDPP- Implement plan to increase class attendance to achieve class goals ADA/ Stanford- Hire RD, Restructure ADA class hours and content. Marketing to all Dignity Health Groups and Physicians in a 20 mile radius of our centers, RD to travel to other clinics (WCC / DHMG) in the Las Vegas area
Planned Collaboration	State of Nevada, ADA, AADE, CDC, QTAC, YMCA, Nevada Health Centers, Dignity Health Medical Group, Nevada Diabetes Stakeholder Group, HealthInsight, Cardiac Rehab, Wound Care, City of Henderson, DolCrx Pharmacy, Curaspan, Inpatient Case Managers/Dietitians, Physician groups- cardiology, kidney, internal medicine, podiatrist

Reduce Tobacco Use	
Significant Health Needs Addressed	Priority Areas identified in the 2016 St. Rose Community Needs Assessment <input type="checkbox"/> Access to Healthcare <input checked="" type="checkbox"/> Chronic Disease – Reduce Tobacco Use <input type="checkbox"/> Chronic Disease – Reduce Obesity <input type="checkbox"/> Policy & Funding
Program Emphasis	Please select the emphasis of this program from the options below: <input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Due to the implementation of multiple tobacco cessation programs, tobacco use has dropped dramatically from 26.6% in 2002. However, the current rate for adults (17.1%) is still above the national Healthy People 2020 target of 12.0%.
Planned Collaboration	Nevada Tobacco Prevention Coalition, Southern Nevada Health District, Nevada Tobacco Quitline
Community Benefit Category	A3. Health Care Support Services
Planned Actions for 2016-2018	
Program Goal/ Anticipated Impact	Enhance interventions to reduce disease burden and lowered quality of life associated with tobacco use and secondhand smoke exposure in Southern Nevada.
Measurable Objectives with Indicators	<ul style="list-style-type: none"> • Decrease the Clark County adult smoking prevalence rate to 16.1% from a 2014 baseline of 17.1% by June 30, 2017 • Decrease the Clark County high school youth smoking prevalence rate to 4% from a 2015 baseline of 5.9% by June 30, 2017. • Increase number of Clark county calls to the Nevada Tobacco Quitline by 10%.
Implementation Strategy for Achieving Goal	<ul style="list-style-type: none"> • Promote Freedom From Smoking Classes and Nevada Tobacco Quitline in REACH quarterly • Teach Freedom From Smoking quarterly • Participate on the Nevada Tobacco Prevention Coalition • Participate on the Nevada Cancer Coalition • Offer Brief Intervention Training for hospital clinical staff • Monitor and participate in policy issues that relate to youth tobacco use prevalence (i.e. tobacco pricing strategies, emerging tobacco products, age restrictions). • Work with partners to educate youth on emerging tobacco product such as e-cigarettes and hookah

Appendix A
St. Rose Dominican Community Board Members
St. Rose Dominican Community Health Advisory Committee
Members

Community Board Members
July 1, 2015 – June 30, 2016

Maggie Arias-Petrel
Global Professional Medical Consulting

Brian Brannman
SVP of Operations, Nevada
Dignity Health

Cynthia Cammack, O.P.
Hospice By The Bay

Neel Dhudshia, M.D.
Cardiovascular Surgery of Southern NV

Patricia Dulka, O.P.
Adrian Dominican Sisters

Tommy Isola
CEO, Landmark Nevada

Craig Johnson, Board Secretary
SVP at Hill International, Inc

Patricia McDonald, O.P.
Professor
Siena Heights University

Sandy Peltyn, Board Chair
VP Business Development
DeSimone Consulting

Jennifer Raroque, M.D.
Platinum Hospitalists

Rory Reid
Attorney
The Law Office of Rory Reid

John Socha, Board Vice Chair
Executive Director of Healthcare Operations
MGM Resorts International

Bruce Woodbury
Attorney
Jolley Urga Woodbury & Little

Community Health Advisory Committee (CHAC) Members 2015

Sister Katie McGrail, O.P., Chairperson
Vice President of Mission Integration/Spiritual
Care, Siena Campus

Aidee Flores
Stanford CDSMP/DSMP Master Trainer

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

Laura Hennum
Chief Strategy Officer, Dignity Health – St. Rose
Dominican

Dr. William Holm
Pediatric Endocrinologist

Sister Mary Kieffer, O.P.
Vice President of Mission Integration/Spiritual
Care San Martin Campus

Holly Lyman, MPH, CLC
Director WomensCare & Community Outreach

Celia Lopez Martin, MS, RD
Stanford DSMP Instructor

Victoria Napoles-Laza
Sr. Executive Vice President, Latin Chamber of
Commerce & St. Rose Dominican Community
Board Member

Devaraj Ramsamy
Chief Financial Officer – Dignity Health – St.
Rose Dominican San Martin Campus

Sister Phyllis Sikora, O.P.
Vice President of Mission Integration/Spiritual
Care Rose De Lima Campus

Jaime Weller-Lafavor
Director of Development, Foundation

Deborah Williams
Manager, Office of Chronic Disease Prevention
& Health Promotion, Southern Nevada Health
District

Appendix B

Other Programs and Non-Quantifiable Benefits

OTHER PROGRAMS

The hospital delivers a number of community programs 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.

Breastfeeding

St. Rose Dominican is committed to protecting new mothers milk supply and the nutrition of the baby. According to the CDC, breastfeeding is beneficial to both mothers and their babies. Breast milk contains antibodies that can protect newborns from infections, and studies have found breastfed babies are less likely to become overweight than those fed with formula. As the only outpatient lactation center in the community, provide breastfeeding classes, support groups, phone support, individual consultations, inpatient rounding, pump rentals and specialty medical products to establish early and successful breastfeeding.

Outcomes: Maintained Baby Friendly designations for both San Martin and Siena. 572 Outpatient Lactation Consultations, 584 Phone Consultations, 675 breastpump rentals, 1,516 breastfeeding support group encounters, 305 prenatal breastfeeding class participants, 154 lactation weight checks.

Community Coalitions

The Nevada Statewide Maternal and Child Health Coalition (NVMCH) provides leadership to improve the physical and mental health, safety and well-being of the maternal and child population across Nevada.

Outcomes: 2016 NVMCH: 504 members, 150 webinar participants, 3 statewide meetings with 350 attendees, exhibits at 2 professional meetings.

Family to Family Connection

Family to Family Connection provides parenting education, safety education and support services to families with young children up through age four. Services include classes, developmental assessments and referrals, car seat safety checks, resource lending library and referrals for additional support resources as needed. Support and education services specifically for WIC families are also provided.

Outcomes: 4,515 education encounters in 329 classes.

Fitness Programs

Provide free and low cost fitness programs to the community. Incorporate mind, body and spirit into these programs and teach flowing body movements that create focus, balance, core strength, flexibility and emotional well being.

Outcomes: Offered 52 different ongoing weekly exercise programs generating 19,348 exercise encounters.

Health and Wellness Programs

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

Outcomes: Reached 4,047 participants with classes.

Hispanic Outreach

The Hispanic Outreach program is dedicated exclusively to the implementation of the Hispanic Outreach initiative by developing a Hispanic-friendly health care culture on behalf of St. Rose Dominican consisting of collaboration and referrals to hospital sponsored outreach programs.

Outcomes: 13 bi-lingual outreach staff. Certified 4 bilingual staff as EEFs (Exchange Enrollment Facilitators) with Nevada Health Link to assist the Hispanic/Latino population with enrollment in Medicaid or a health plan. Held 4 Spanish Stanford Diabetes Self-Management classes reaching 39 individuals.

Pregnancy and Childbirth Classes

Provide programs to improve birth outcomes focusing on high-risk and teen pregnancies as well as enhancing baby bonding and dad support skills.

Outcomes: A total of 3473 expecting parents attended 117 prepared childbirth classes.

Safety/Injury Prevention

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

Outcome: Installed 114 Car Seats; 94 teens trained and certified in Safe Sitter (4 classes); 271 seniors graduated from the AARP Senior Driver Safety Program (22 classes); 492 new parents attended Baby Basics and Infant CPR (48 classes); 46 certifications in Heartsaver CPR (8 classes);

Screenings

Provide low or no cost medical and health screenings for the uninsured in our community to detect the early onset of illness and disease. Provide referrals to follow up care as needed.

Outcomes: Provided 881 screenings open to the community. 48 PVD (32 normal, 12 mild, 2 moderate, 2 severe), 22 skin cancer, 64 eye, 137 blood pressure (56 normal, 48 pre, 31 hyper, 2 referred for follow-up), 292 labs including lipid panel, glucose, HbA1c, PSA, T3&T4/TSH, liver, 37 Colorectal FIT Kits, 32 diabetic foot checks, 16 Prescription Reviews with pharmacist.

Senior Peer Counseling

Nevada has one of the highest senior suicide rates in the nation. In response to this crisis, St. Rose Dominican implemented a Peer Counseling program for seniors that utilize skills and life experiences of older adults in providing emotional support for people of similar ages and backgrounds. Carefully trained volunteers provide supportive counseling under the close supervision of mental health professionals.

Outcomes: 4 Trained Counselors provided 335 counseling sessions for 59 clients.

Support Groups

Provide support to individuals working through the healing process. A study conducted by Spiegel, et al., determined that psychosocial intervention, in the form of support groups, has a positive effect on survival for patients.

Outcomes: Provided 19 different support groups, 32 different meetings for a total of 13,486 encounters in FY16. These support groups include: AA, AA for Women, ALS, Alzheimer's, Aphasia Lunch Bunch, Arthritis Support, Bereavement, Better Breathers, Breast Cancer, Diabetes, Fibromyalgia Friends, Gamblers Anonymous, Infertility, Leukemia and Lymphoma, Multiple Sclerosis, Narcotics Anonymous, Stroke Club, Surviving Suicide, Widow Support

Transportation Assistance

Transportation program for patients and families to enhance patient access to care including cabs, bus tokens, gas vouchers, and other transportation services with a specific focus on vulnerable populations.

Outcomes: Over the course of the year, St. Rose Dominican assisted 693 individuals with 24-hour bus passes distributed to individuals in need.

WIC Nutrition Program

A nutrition program for women, infants and children under age 5 providing healthy food, nutritional counseling and education, breastfeeding counseling and breast pumps for low income families. This program provides federally-mandated nutrition services to improve the health of nutritionally and at risk low-income women, pregnant women, infants, and children.

Outcomes: 3,713 clients enrolled in the program.

NON-QUANTIFIABLE BENEFITS

Community Building Activities: St. Rose Dominican engages in a variety of activities to further the mission of advocacy, partnership and collaboration. Activities during FY2016 included executive and system leadership involvement in community boards and coalitions, donations/drives for food, clothing, school supplies, and holiday gifts for various community organizations.

- **Rebuilding Together Project.** St. Rose Dominican employees partnered with Rebuilding Together to make critical repairs on one home in the Las Vegas Valley for low-income, disabled and/or aging residents. This project strives to preserve affordable home ownership and revitalize communities.
- **Nurses Week** – Nurses participated in the Susan G. Komen Race for the Cure.
- **Kindness Kloset.** Employees donate new sweat pants, sweatshirts, t-shirts, socks and slippers for patients who are being discharged with no clothing to wear home. These patients are discharged from one of the units or from the Emergency Departments at all three campuses.
- **Smoke-Free Campus Initiative.** All three St. Rose Dominican campuses are smoke free and have been recognized by the American Lung Association and the Nevada Cancer Coalition for these efforts.
- **Healthy Rose Employee Wellness Program.** St. Rose Dominican was recognized as a Gold Level recipient of the American Heart Association's Fit Friendly Worksites Recognition Program for taking steps to create a culture of wellness for our employees.
- **Back-to-School Backpacks and Angel Tree Gifts** were donated by employees for over 100 low-income children.
- **Prayer Shawls** were distributed to over 500 patients at all three campuses, local hospice and partner convalescent rehab centers. These shawls are knitted with love and prayers to help patients heal.
- **Pet Blessing** – Collected used towels and blankets for local animal shelters.
- **Bus Passes and boxed lunches** are distributed to walk-ins in need at all three campuses.
- **Community Events.** Many of our employees volunteer their time and money by participating in community events with local charities. Seventy-five employees volunteered at the Opportunity Village HallO'Veen and Magical Forest event to raise funds for women and men with disabilities. The hospital coordinates three teams (60 employees) for the Rose Regatta Dragon Boat Festival,

Susan G. Komen Race for the Cure, American Heart Association Heart Walk and the American Lung Association Scale the Strat climb.

- **ECHO** (Employees Can Help Others) allows employees to donate spare change and other funds to help fellow employees who need financial assistance with rent/mortgage, utilities and other payments while going through family crisis. These funds are distributed through the ECHO committee which handles all requests.

Ecology Initiatives: All three St. Rose Dominican campuses received the Practice Green Health Award, which recognizes facilities that have virtually eliminated mercury from their facilities and have made a commitment to continue to be “mercury free.” In addition, St. Rose Dominican has a market-wide Go Green committee to share best practices among the three campuses.

The hospitals have also joined with Dignity Health in supporting the Healthier Hospitals Initiative (HHI)—an organization created by Dignity Health and five other health care systems with the goal of speeding the health care sector toward environmental sustainability. Specifically, HHI has goals to provide health benefits for patients, staff and the community by reducing emissions and pollutants that are increasingly linked to chronic disease by:

- Engaging in environmentally preferred purchasing and building practices;
- reducing health care’s use of natural resources and generation of waste; and
- encouraging/incorporating sustainability and safety as essential elements in the organization’s culture.

The hospitals, with the support of Dignity Health, have advocated for reform of the Toxic Substances Control Act of 1976. The updated legislation would take immediate action on the most dangerous chemicals, hold industry responsible for the safety of their chemicals and products and use the best science to protect all people - especially vulnerable groups.

Appendix C

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.

St. Rose Dominican - Rose de Lima Campus 102 East Lake Mead Parkway, Henderson, NV 89015
Financial Counseling 702-616-7558 | **Patient Financial Services** 877-877-8345
www.dignityhealth.org/las-vegas/paymenthelp

St. Rose Dominican - San Martín Campus 8280 West Warm Springs Rd, Las Vegas, NV 89113
Financial Counseling 702-492-8009 | **Patient Financial Services** 877-877-8345
www.dignityhealth.org/las-vegas/paymenthelp

St. Rose Dominican - Siena Campus 3001 St. Rose Parkway, Henderson, NV 89052
Financial Counseling 702-616-5002 | **Patient Financial Services** 877-877-8345
www.dignityhealth.org/las-vegas/paymenthelp