Dignity Health - St. Rose Dominican
San Martín
Community Benefit 2020 Report and 2021 Plan

Adopted November 2020
A message from

Kim Shaw, President/CEO of Dignity Health St. Rose Dominican San Martín Campus, and John Socha, Chair of the Dignity Health Dignity Health St. Rose Dominican Community Board.

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

Dignity Health-St. Rose Dominican shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2020 Report and 2021 Plan describes much of this work. We are proud of the outstanding programs, services and other community benefits our hospitals deliver, and are pleased to voluntarily report to our community.

In fiscal year 2020 (FY20), Dignity Health-St. Rose Dominican’s Rose de Lima Campus provided $23,350,344 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $24,476,537 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 November 19, 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 to out to Holly Lyman, Director of Community Health (702) 616-4903.

Kim Shaw
President/CEO San Martín Campus

John Socha
Chairperson, Board of Directors
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At-a-Glance Summary

| Community Served | Dignity Health – St. Rose Dominican provides health services throughout Clark County. Clark County is the most populous county in Nevada, accounting for nearly three-quarters of the state’s residents with a total population of 2,112,426. |
| Economic Value of Community Benefit | $23,350,344 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits. $24,476,537 in unreimbursed costs of caring for patients covered by Medicare. |
| Significant Community Health Needs Being Addressed | The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are: |
| FY20 Programs and Services | The hospital delivered several programs and services to help address identified significant community health needs. These included: |
| FY21 Planned Programs and Services | The hospital intends to take several actions and dedicate resources to the following needs, including: |
- **Access to care**: Nevada Health Link & Medicaid Enrollment, Nevada Medicare Assistance Program, Helping Hands Program, Engelstad Foundation RED Rose Program Navigation, Patient Financial Assistance; Funding Grantees such as Catholic Charities Transition Respite for the Homeless, Lend a Hand of Boulder City, Roseman University Medicare Call Center, CSN Community Health Worker Students

- **Motor vehicle and pedestrian safety**: Zero Fatalities Program Partnership, AARP Drivers Safety, Car Seat Safety Checks, Advocacy

- **Violence prevention**: Human Trafficking Response Program, Parent Gun Safety Classes, Mental Health First Aid (Adult and Youth), SafeTALK Suicide Prevention, Senior Peer Counseling; Funding Grantees such as Rape Crisis Center, Solutions for Change

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

- **Mental health**: Senior Peer Counseling, Perinatal Mood and Anxiety Disorders Program, Mental Health First Aid (Adult & Youth), Let's Talk Support Groups; Funding Grantees Such as Foundation for Recovery, Solutions of Change

This document is publicly available online at strosehospitals.org.

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

About Dignity Health – St. Rose Dominican

Dignity Health – St. Rose Dominican is a member of Dignity Health, which is a part of CommonSpirit Health.

Hospital Locations

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 Henderson, Nevada, the summer of 1947 to run what was then a small community hospital. Over the last 72 years, this small hospital began what has become a large multi-faceted healthcare system. Dignity Health - St. Rose Dominican now has three hospital campuses in the Las Vegas valley, with a total of 473 beds, more than 1,300 physicians, 400 volunteers and more than 3,500 employees.
In addition to its three acute-care hospitals, Dignity Health Nevada offers a variety of healthcare services, including Dignity Health Rehabilitation Hospital, a 60-bed, all-private-room rehabilitation hospital, in partnership with Select Medical; primary and specialty care services throughout the Las Vegas Valley at its seven Dignity Health Medical Groups. Additionally, four Dignity Health - St. Rose Dominican Neighborhood Hospitals have opened in underserved parts of the valley in partnership with Emerus, the nation’s innovative leader in building and operating micro hospitals.

Dignity Health – St. Rose Dominican is a member of Dignity Health, a multi-state nonprofit network of 10,000 physicians, more than 60,000 employees, 41 acute care hospitals, and 400-plus care-centers, including community hospitals, urgent care, surgery and imaging centers, home health, and primary care clinics in Arizona, California, and Nevada. Dignity Health is dedicated to providing compassionate, high-quality, and affordable patient-centered care with special attention to the poor and underserved. Dignity Health is a part of CommonSpirit Health, a nonprofit health system committed to advancing health for all people and dedicated to serving the common good.

The Siena Campus was founded in 2000 and currently has 326 beds. It earned a “High Performing” rating for 2020-2021 from U.S. News & World Reports for Hip Replacement, Knee Replacement, and Heart Failure, in recognition of care that was significantly better than the national average, as measured by factors such as patient outcomes. “High Performing” is the highest rating U.S. News awards for that type of care. The hospital has received the American Heart Association’s (AHA’s) Mission: Lifeline-STEMI Receiving Center – GOLD PLUS Achievement Award for implementing quality improvement measures outlined by the AHA for the treatment of patients who suffer severe heart attacks for four years in a row (2017-2020). The American Heart Association/American Stroke Association also awarded Siena the Get with the Guidelines-Stroke Gold Plus with Honor Roll Elite Achievement Awards in 2018, 2019 and 2020. The hospital’s trauma center is verified as a Level III trauma center by the Committee on Trauma (COT) of the American College of Surgeons. The Siena Campus is one of only two Baby-Friendly designated hospitals in southern Nevada.

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

The San Martín Campus opened in late 2006 and has 147 beds. In 2019 and 2020, the hospital received the American Heart Association and American Stroke Association Get with the Guidelines-Stroke GOLD PLUS Quality Achievement Award for its commitment and success in implementing a high standard of stroke care. In 2019, the San Martín Campus was chosen “Best Place to have a Baby” Gold winner in the Las Vegas Review-Journal readers’ poll and received a silver award in 2018 for “Best Place to Have a Baby.” San Martín was also the first hospital in southern Nevada to be designated as a Baby-Friendly hospital in 2014.

Our Mission

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

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.
Financial Assistance for Medically Necessary Care

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

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

Description of the Community Served

Dignity Health – St. Rose Dominican serves Clark County. A summary description of the community is below. Additional details can be found in the CHNA report online.

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

All counties within Nevada have had tremendous population growth within the last decade. However, the majority of the population remains within Clark County, and it continues to grow. Between 2015 and 2016 Clark County’s population grew from 2.11 million to 2.16 million. Clark County comprises only 7% (8,091 square miles) of Nevada’s land mass (110,567 square miles) but contains 72% of the state’s total population. Because of Clark County’s contribution to the state population, caution should be exercised when comparing the county to the state.

Dignity Health - St. Rose Dominican also serves an increasingly diverse population. The largest racial group, White (including Hispanic/Latino ethnicity), makes up 44.11% of the population, followed by the populations identifying as Black or African American (10.8%) and as Asian (10.15%). Notably, 30.68% 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.

It is well known that educational attainment and poverty impact health. Data from 2010-2014 show slightly lower levels of education among Clark County residents than the nation as a whole. In addition, education is unevenly distributed within the county with 26.8% of Whites having at least a bachelor’s degree compared to 8.6% of Hispanics (U.S. Census Bureau). Clark County’s poverty level increased from 10.9% (2005-2009) to 15.7%. The poverty level increased even more for children under the age of 18 from 15.2% to 23% during the same time period. Females between 25 and 34 are the largest demographic living in poverty, followed by females between 18 and 24.
Community Demographics – Clark County

Total Population: 2,293,327

Race
- White - Non-Hispanic: 40.3%
- Black/African American - Non-Hispanic: 11.7%
- Hispanic or Latino: 32.6%
- Asian/Pacific Islander: 11.0%
- All Others: 4.5%
- Total Hispanic & Race: 100.0%

% Below Poverty: 10.2%
Unemployment: 6.5%
No High School Diploma: 14.1%
Medicaid (household): 10.1%
Uninsured (household): 5.5%

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.
Community Assessment and Significant Needs

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

Community Health Needs Assessment

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

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

Additional details regarding the needs assessment process and findings can be found in the CHNA report, which is publicly available at strosehospitals.org or upon request to the hospital’s Community Health office.

Significant Health Needs

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

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

The hospital intends to take action to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.
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 FY19 and planned activities for FY20, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs’ goals, measurable objectives, expenses and other information.

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

The anticipated impacts of the hospital’s activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

Creating the Community Benefit Plan

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

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

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

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

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

In response to these needs, we received three COVID grants and implemented new programs:
- WIC Cares – delivering WIC groceries to 100 home-bound families each month
- COVID Emergency - Dine and DASH delivers 60 in-need seniors with 5 days of healthy meals per week
- COVID Emergency Food – 770 Helping Hands food pantry deliveries
- *Humankindness* Personal Care Bag deliveries and well-checks to 91 seniors
- Provide over 50 on-line ZOOM classes each month staring March 18 totaling 1,165 classes for 16,887 participants.
- Telehealth consults with our Registered Dietitians and Diabetes Educators
- Increased enrollment in Medicaid and NHL due to job losses

Report and Plan by Health Need

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

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

### Health Need: Access to Care

<table>
<thead>
<tr>
<th>Strategy or Program Name</th>
<th>Summary Description</th>
<th>Active FY20</th>
<th>Planned FY21</th>
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<tbody>
<tr>
<td>Nevada Health Link &amp; Medicaid Enrollment</td>
<td>Enrollment assistance for uninsured individuals and families</td>
<td>☒</td>
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<tr>
<td>Medicare Assistance Program</td>
<td>Empowers and assists Medicare beneficiaries, their families and caregivers by providing free unbiased Medicare counseling and assistance.</td>
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</tr>
<tr>
<td>Transitional Respite for the Homeless Program – Catholic Charities</td>
<td>Help homeless men who are too frail to recover from illness or injury on the streets. Program clients will receive individualized case management, be connected to community services and receive primary or supplemental medical care.</td>
<td>☒</td>
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<tr>
<td>Helping Hands Program</td>
<td>Provide home-bound seniors with transportation to doctor appointments, pharmacy, grocery and other needs</td>
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</tr>
<tr>
<td>Lend a Hand of BC</td>
<td>GRANTEE - Provide home-bound seniors in Boulder City with transportation to doctor appointments</td>
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<tr>
<td>GRANTEE</td>
<td>Summary Description</td>
<td>Active FY21</td>
<td>Planned FY21</td>
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<tr>
<td>Engelstad Foundation RED Rose</td>
<td>Breast cancer screening and navigation for uninsured and/or undocumented women</td>
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<tr>
<td>Roseman University</td>
<td>GRANTEE - Roseman Medicare Call Center to assist seniors in accessing healthcare including Medicare Savings Programs</td>
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</tr>
<tr>
<td>College of Southern Nevada</td>
<td>GRANTEE - Community Health Worker students helping COVID-Vulnerable Seniors access and understand healthcare options</td>
<td>☐</td>
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</tr>
<tr>
<td>Stallman Touro Clinic at The Shade Tree</td>
<td>GRANTEE – Provide primary medical and additional health care services including mental health care, substance abuse treatment, gynecological care and pediatric care to residents of the emergency shelter for homeless and abused women and children</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Toe Tag Monologues</td>
<td>GRANTEE – Deliver wrap-around services including, life skills/job skills and mentorship to youth in the Juvenile Justice System, Homeless Shelters and the Clark County School District. Programs focus on behavioral health, skills development, violence prevention and access to care support.</td>
<td>☒</td>
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</tr>
<tr>
<td>Patient Financial Assistance</td>
<td>Educate and inform patients and the community about our hospital’s financial assistance policy</td>
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</table>

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

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

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**Health Need: Motor Vehicle and Pedestrian Safety**

<table>
<thead>
<tr>
<th>Strategy or Program Name</th>
<th>Summary Description</th>
<th>Active FY20</th>
<th>Planned FY20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero Fatalities</td>
<td>Program includes the following initiatives: Always Buckle Up, Don’t Drive Impaired, Focus on the Road, Stop on Red, Be Pedestrian Safe, Ride Safe</td>
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</tr>
<tr>
<td>Advocacy</td>
<td>Partner with the Nevada Zero Fatalities Occupant Protection Task Force to advocate upgrading NRS 484D.495 to a Primary Seat Belt Law</td>
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</tr>
<tr>
<td>AARP Drivers Safety</td>
<td>Provide driver’s safety courses for seniors throughout the valley</td>
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<tr>
<td>Car Seat Safety Checks</td>
<td>Provide car seat safety checks throughout the valley</td>
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</tbody>
</table>

**Impact:** Eliminate fatalities on our roadways

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

<table>
<thead>
<tr>
<th>Strategy or Program Name</th>
<th>Summary Description</th>
<th>Active FY20</th>
<th>Planned FY21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Trafficking Response Program</td>
<td>Ensure that trafficked persons are identified in the health care setting and are assisted with victim-centered, trauma-informed care and services.</td>
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</tr>
<tr>
<td>Mental Health First Aid (Adult &amp; Youth)</td>
<td>Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.</td>
<td>☒</td>
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</tr>
<tr>
<td>SafeTALK Suicide Prevention</td>
<td>A half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide.</td>
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</tr>
<tr>
<td>Parent Gun Safety Class</td>
<td>Educate parents on gun safety through prenatal classes and ongoing education</td>
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</tr>
<tr>
<td>Senior Peer Counseling</td>
<td>Provide confidential, personal and supportive counseling to people facing the challenges and concerns of growing older, such as: loss and bereavement, retirement, health concerns, relationships, normal aging issues and loneliness.</td>
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</tr>
<tr>
<td>Rape Crisis Center</td>
<td>GRANTEE – Provide prevention education programs to empower participants to change social norms and community conversations around violence and to access resources when they are needed, eventually leading to a reduction of interpersonal violence.</td>
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</tr>
<tr>
<td>Prevent Child Abuse Nevada</td>
<td>GRANTEE – Provide training for professionals, parents and youth to strengthen families and protect children.</td>
<td>☒</td>
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</tr>
<tr>
<td>Toe Tag Monologues</td>
<td>GRANTEE – Targeting youth in the Juvenile Justice System, Homeless Shelters and the Clark County School District, Toe Tag Monologues delivers wrap-around services including, life skills/Job skills and mentorship. Programs focus on behavioral health, skills development, violence prevention and access to care support.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>The Shade Tree</td>
<td>GRANTEE – Provide primary medical and additional health care services including mental health care, substance abuse treatment, gynecological care and pediatric care to residents of the emergency shelter for homeless and abused women and children</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>St. Jude’s Ranch for Children</td>
<td>GRANTEE – Provide therapeutic foster care including clinical therapy, public school attendance and learning new life skills for children who have been victimized by child abuse and neglect.</td>
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</tr>
</tbody>
</table>

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

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

<table>
<thead>
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<th>Planned FY21</th>
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<tr>
<td><strong>EMPOWERED</strong></td>
<td>(Empowering Mothers for Positive Outcomes with Education, Recovery, and Early Development) provides community resources, support services, education, and connections to recovery and treatment services for women with substance use disorders during pregnancy and after giving birth.</td>
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</tr>
<tr>
<td>Mental Health First Aid (Adult &amp; Youth)</td>
<td>Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.</td>
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<tr>
<td>AA &amp; NA</td>
<td>Provide 9 AA and/or NA support groups at the hospitals and centers. Provide space, promotion and support.</td>
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</tr>
<tr>
<td>Toe Tag Monologues</td>
<td>GRANTEE – Deliver wrap-around services including, life skills/Job skills and mentorship to youth in the Juvenile Justice System, Homeless Shelters and the Clark County School District. Programs focus on behavioral health, skills development, violence prevention and access to care support.</td>
<td>☒</td>
<td>☚</td>
</tr>
<tr>
<td>Foundation for Recovery</td>
<td>GRANTEE – Dispatch certified Recovery Coaches to local ERs to connect individuals impacted by Substance Use Disorder to peer recovery services, provide them with linkages to community resources, including overdose prevention, education and harm reduction.</td>
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</tbody>
</table>

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

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

## Health Need: Mental Health

<table>
<thead>
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<th>Active FY20</th>
<th>Planned FY21</th>
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<tr>
<td><strong>Senior Peer Counseling</strong></td>
<td>Provide confidential, personal and supportive counseling to people facing the challenges and concerns of growing older, such as: loss and bereavement, retirement, health concerns, relationships, normal aging issues and loneliness.</td>
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<tr>
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<td>☒</td>
</tr>
<tr>
<td><strong>Let’s Talk Support Groups</strong></td>
<td>Provide 5 Let’s Talk groups for new families across the valley. This group serves and reflects diverse communities including fathers, mothers and gender non-confirming parents; parents who are facing the challenges of new parenting including perinatal emotional complications, addiction, incarceration, racism and other oppressions; and parents from varied traditions and cultures.</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Program</td>
<td>Description</td>
<td>Impact</td>
<td>Collaboration</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Perinatal Mood and Anxiety Disorder (PMAD)</td>
<td>Provides community trainings, education, support groups, counseling and care navigation for all families with perinatal mood and anxiety disorders.</td>
<td>☒ ☒</td>
<td>PACT Coalition, Nevada Coalition for Suicide Prevention, NAMI, State of Nevada Office of Suicide Prevention</td>
</tr>
<tr>
<td>CARE Project</td>
<td>GRANTEE – Solutions of change will provide therapy in North Las Vegas</td>
<td>☐ ☒</td>
<td></td>
</tr>
<tr>
<td>Toe Tag Monologues</td>
<td>GRANTEE – Deliver wrap-around services including, life skills/Job skills and mentorship to youth in the Juvenile Justice System, Homeless Shelters and the Clark County School District. Programs focus on behavioral health, skills development, violence prevention and access to care support.</td>
<td>☒ ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

**Collaboration:** PACT Coalition, Nevada Coalition for Suicide Prevention, NAMI, State of Nevada Office of Suicide Prevention
Community Grants Program

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

In FY21, the hospital awarded the grants below totaling $353,551. Some projects also may be described elsewhere in this report.

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

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

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

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

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

| CB Category | A3-d. Health Care Support Services – Enrollment Assistance  

## FY 2020 Report

| Program Goal / Anticipated Impact | Reduce the number of uninsured adults and children in southern Nevada  

| Measurable Objective(s) with Indicator(s) | Assist 250 individuals in enrolling in a qualified health plan through Nevada Health Link. Assist 200 clients in enrolling in Medicaid  
|                                           | Attend 120 outreach events  
|                                           | Provide resources and information to our existing WIC, RED Rose, WomensCare, Neighborhood Hospital and St. Rose uninsured clients.  
|                                           | Collaborate with 15 partners to increase outreach  
|                                           | Recertify 5 EEFs  

| Intervention Actions for Achieving Goal | Achieve NHL grant outcomes to secure ongoing funding  
|                                        | Train staff, maintain licenses  
|                                        | Identify and reach at-risk populations who need healthcare  
|                                        | Marketing in REACH magazine and through all programs  
|                                        | Attend community events  
|                                        | Staff one EEF at all 6 of our Community Health Centers  

| Collaboration | Nevada Health Link, State of Nevada Department of Welfare and Social Services, Cardenas Markets, United Labor Agency of Nevada, Nevada JobConnect, Nevada WIC  

| Performance / Impact | Enrolled 1,320 Individuals  
|                      | 987 Qualified Health Plan  
|                      | 333 Medicaid  
|                      | Attended 238 Events  
|                      | Promoted NHL in the REACH Magazine, UPDATE and throughout the community  
|                      | 8 Certified EEFs on staff  

| Hospital Contribution | Total expense $324,555 less grant funding of $126,000. Hospital provided space at 5 locations, fringe, overhead, computers and tech support, marketing and mileage.  

## FY 2019 Plan

| Program Goal / Anticipated Impact | Reduce the number of uninsured adults and children in southern Nevada and provide the Medicare Assistance Program  

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Community Benefit FY 2020 Report and FY 2021 Plan  
Dignity Health – St. Rose Dominican
| Measurable Objective(s) with Indicator(s) | • Achieve NHL grant outcomes to secure ongoing funding  
• Enroll 495 clients in a QHP and 400 in Medicaid  
• Attend 240 community events  
• Launch the Medicare Assistance Program and provide 7860 Medicare client contacts |
| Intervention Actions for Achieving Goal | • Train staff, maintain licenses  
• Identify and reach at-risk populations who need healthcare  
• Marketing in REACH magazine and through all programs  
• Staff one EEF at 4 of our Community Health Centers and MAP Counselors and volunteers at all 6 centers.  
• Provide virtual enrollment assistance to serve all 6 Community Health Centers |

### Helping Hands

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

#### Program Description
Helping Hands of Henderson assists homebound individuals 60 years of age and older who live in Henderson with transportation to medical/dental/optical appointments, prescription drop off/pickup, grocery shopping, food pantry, congregate meals and social activities. Provides supplemental groceries to low-income/homebound seniors.

#### CB Category
A3. Health Care Support Services

### FY 2020 Report

#### Program Goal / Anticipated Impact
Assist in meeting the needs of seniors living in Henderson so they can remain independent in their homes thereby postponing the costly expense of assisted living. The program provides supplemental groceries to low-income/homebound seniors, access to physicians, food, pharmacy and other needed services to allow the senior to maintain an independent and healthy life.

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

#### Intervention Actions for Achieving Goal
Distribute health information and supportive health service referrals, bi-annual surveys from clients, the provision of transportation services that the program provides and supplemental food deliveries.

#### Collaboration
Aging and Disability Services Division (ADSD), Regional Transportation Commission (RTC), Fund for a Healthy Nevada, Three Square Food Bank, MGM Grand Resorts Foundation,
| Performance / Impact                                                                 | • Enrolled/Reassessed 472 clients  
• Provided 7,560 round-trip rides  
• Recruited 12 new volunteers and maintain an active volunteer base of 52  
• Reduced waiting list to 29  
• Provide 5,045 community referrals and 1,209 reassurance calls, including COVID related referrals and virtual well-checks  
• 91 Humankindness Personal Care Bag deliveries and well-checks, following COVID-19  
• Enrolled 57 Golden Grocery Foodbank clients  
• Provided 770 Golden Grocery and COVID Emergency Food Deliveries |
| Hospital's Contribution / Program Expense                                           | Total expense $821,676 less grant funding of $424,319. Hospital provided required match for grant funding, overhead, leadership and some fringe. |

| FY 2021 Plan                                                                 |
| Program Goal / Anticipated Impact                                               | Assist in meeting the needs of seniors living in Henderson so they can remain independent in their homes thereby postponing the costly expense of assisted living. The program provides access to physicians, food, pharmacy and other needed services to allow the senior to maintain an independent and healthy life. |
| Measurable Objective(s) with Indicator(s)                                        | • Enroll/Reassess 480 unduplicated clients  
• 7,750 Total round trip rides  
• 3,250 Referrals  
• 520 Reassurance Calls  
• Maintain 50 active volunteers  
• Provide 800 Golden Grocery deliveries  
• 98% of clients will have access food as a result of Helping Hands services  
• 95% of clients will report they were able to maintain medical appointments because of Helping Hands  
• 90% of clients will report an increase in feelings of independence since enrolling in Helping Hands. |
| Intervention Actions for Achieving Goal                                           | • Increase grant funding to purchase new vehicles  
• Increase grant funding to hire additional drivers  
• Attend Community Outreach Events |
| Planned Collaboration                                                            | Aging and Disability Services Division (ADSD), Regional Transportation Commission (RTC), Fund for a Healthy Nevada, Three Square Food Bank, MGM Grand Resorts Foundation, Caesars Entertainment, Wells Fargo, Lend a Hand of Boulder City, Helping Hands of Vegas Valley, City of Henderson, HopeLink, |

| Engelstad Foundation RED Rose                                                      |
| Significant Health Needs Addressed                                                | ✓ Access to Care  
☐ Motor Vehicle and Pedestrian Safety  
☐ Violence Prevention  
☐ Substance Use  
☐ Mental Health |
| Program Description                                                              | The RED Rose program provides free mammography, ultrasound, biopsy and surgical consultations for individuals 49 years and younger who are uninsured or underinsured. The |
bi-lingual Breast Health Navigator coordinates care from screening to treatment. Support services such as payment of monthly utilities, transportation costs, groceries, rent and other incidentals while fighting breast cancer. In addition all Navigators are trained Nevada Health Link Enrollment Facilitators and can enroll clients into the appropriate plan.

<table>
<thead>
<tr>
<th>CB Category</th>
<th>A2. Community-based clinical services</th>
</tr>
</thead>
</table>

### FY 2020 Report

**Program Goal / Anticipated Impact**

Increase breast cancer screening rates to diagnose breast cancer as early as possible for uninsured and/or undocumented clients.

**Measurable Objective(s)**

Total services provided leading to cancer diagnosis, financial assistance and Medicaid/Health Plan enrollment assistance.

**Intervention Actions for Achieving Goal**

- Funds were received through the Engelstad Endowment, grants and fundraising events throughout the year.
- Increased marketing through REACH Magazine and attended community health fairs.
- Moved RED Rose to the North Las Vegas Neighborhood Hospital Wellness Center to be geographically closer to clients

**Collaboration**


**Performance / Impact**

- Eligibility Screenings: 166
- Clinical Breast Exams: 50
- Diagnostic Mammograms: 110 Screening Mammograms: 11
- Ultrasounds: 142 Biopsies: 34 Surgical Consultations: 30
- Cancer Diagnosis: 14 and Surgical Treatment: 7
- Temporary Financial Assistance: 32 Clients $83,069 TOTAL; Rent $33,082; Electricity $7,005; Gas $1,436; Water $1,346; Groceries $27,950; Transportation $12,250.

The RED Rose program continues to see 96% Spanish-speaking clients, and 100% of clients are uninsured

**Hospital’s Contribution / Program Expense**

The hospital contribution to this program totaled $567,461 in FY2020 and an additional $402,176 in donated surgery costs less grant funding of $214,482. St. Rose provided space, staff, fringe, clinical services, IT, overhead and leadership.

### FY 2021 Plan

**Program Goal / Anticipated Impact**

Increase breast cancer screening rates to diagnose breast cancer as early as possible for uninsured and/or undocumented clients.

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

- 200 Eligibility Screenings
- 60 Clinical Breast Exams
- 90 Mammograms
- 200 Ultrasounds
- 20 Surgical consultations
- 30 Biopsies
- 25 Total Temporary Financial Assistance Provided

**Intervention Actions for Achieving Goal**

- Increase marketing through REACH magazine, media and social media
- Attend 100 events which reach the uninsured and undocumented
- Collaborate with key partners to reach women in need

**Planned Collaboration**

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

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

| CB Category | A1. Community Health Education |

## FY 2020 Report

### Program Goal / Anticipated Impact
Expand access to evidence-based programs for people with diabetes

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

**Diabetes Prevention:** Increase number of participants in prediabetes classes and NDPP by 10%. Become a Medicare DPP supplier to increase access of DPP to Medicare recipients.  

**AADE Program:** Continue to expand diabetes and nutrition services to the Neighborhood Wellness Centers by increasing accessibility to dietitians and diabetes educators at those locations. Increase the number of participants in the program by 10%.  

**Stanford DSMP:** Expand the Diabetes Self-Management Program by delivering 2 leader trainings - one in English and one in Spanish. Collaborate with rural organizations to host DSMP to underserved communities.

### Intervention Actions for Achieving Goal

Continue marketing to Physicians office. Offer pre diabetes screenings at health fairs. Facilitating a diabetes alert day. Having our dietitians offering services in our 4 neighborhood hospitals, Blue Diamond, Sahara, W. Flamingo and North Las Vegas. Assess program website and utilization.

### Collaboration
State of Nevada, ADA, AADE, CDC, QTAC, YMCA, Nevada Health Centers, Dignity Health Medical Group, Nevada Diabetes Stakeholder group, Comagine Health, Cardiac Rehab, Wound Care, University of Nevada Cooperative Extension, Holy Family Catholic Church, North Las Vegas Church of Christ, Mexican Consulate REACH Program, Henderson, Navi Health, Inpatient Case Managers/Dietitians, Physician groups-cardiology, nephrology, internal medicine, and optometry.

### Performance / Impact
Due to COVID-19 and stay-at-home mandates placed to protect the community, particularly the most vulnerable, program outcomes for FY20 were impacted. For the last quarter, programs were offered virtually which may have limited the number of participants to those willing and able to use telephonic or virtual modalities for access.

**Diabetes Prevention:**
- 14,539 people screened with diabetes risk tests in partnership with statewide optometry practice and the Mexican Consulate.  
- Provided prediabetes classes for 32 participants (61% reduction in comparison to FY19)  
- Held film screenings/discussions for *A Touch of Sugar* at four wellness centers and one community partner site for 36 attendees.  
- Diabetes Alert Day events scheduled in March at five community wellness centers canceled due to COVID-19.

**CDC National Diabetes Prevention Program (NDPP):**
- Doubled participants to 43 enrolled in yearlong program; collaborated with community partner for Southern Nevada’s first DPP in Spanish with 19 enrollees.  
- Conducted 2 lifestyle coach trainings for 21 new NDPP coaches- one in-person in Northern Nevada and one virtual training.  
- Obtained Full Recognition status from the CDC this year.  
- Medicare DPP Supplier status still in progress.
### AADE Program:
- 295 individuals seen (7.5% decrease compared to FY19)
- 153 follow up visits (12.7% decrease from FY19)
- 72.2% reached their behavior change goal(s) for diabetes self-management.
- 2.17 drop in A1c (doubled improvement from FY19) and 0.6 point drop in BMI.
- 96.9% of participants reported having a plan for follow up with a provider and labs at least every 6 months.
- 186 encounters for monthly diabetes support group (same in FY19)
- Offered 5 heart events led by dietitians at wellness centers for 52 participants. Dietitian-led spring events canceled due to COVID-19.

### Stanford DSMP:
- Received state grant totaling $225,523 for continued work with QTAC on diabetes education and prevention.
- Collaborated with rural communities in Dayton and Fallon, NV to host 2 DSMP workshop for underserved.
- Reached 63 participants hosting 6 workshops in English.
- Average health score improved from 2.8 pre-program to 3.3 post program on 5-point scale. Average confidence level in managing chronic condition improved from 6.5 to 8 on 10-point scale. Average days of exercised for at least 30 minutes improved from 2 days to 3 days. Average scale for use of nutrition facts labels improved from 3.3 to 3.5 on 5-point scale. Average scale for preparing list of questions for their doctors improved from 2.7 to 3.4 on 5-point scale.
- Canceled in-person leader trainings due to COVID19 and no approval received for online training.

### Hospital’s Contribution
Hospital total expense $187,462 less program revenue. Hospital provided space, staff, fringe, overhead and marketing.

### FY 2021 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Measurable Objective(s) with Indicator(s)</th>
<th>Intervention Actions for Achieving Goal</th>
<th>Planned Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand access to evidence-based programs for people with diabetes and at risk for diabetes including using distance learning modalities for remote access. Increase access to minority groups.</td>
<td><strong>Diabetes Prevention:</strong> Offer three virtual DPP lifestyle coach trainings. Initiate 1 DPP cohort at an African American church. <strong>AADE Program:</strong> Offer Diabetes Conversation Map (virtual or in-person) classes to 50 participants with financial limitations to diabetes education <strong>Stanford DSMP:</strong> Expand the Diabetes Self-Management Program by delivering two leader trainings - one in English and one in Spanish. Collaborate with rural organizations to host DSMP to underserved communities.</td>
<td>Continue to offer DPP to the Spanish-speaking community. Target minority groups in underserved areas to promote access to diabetes education. Provide support to an African American church in implementing DPP. Continue to market services to providers.</td>
<td>Nevada Promise, State of Nevada, AADE, CDC, QTAC, YMCA, Nevada Health Centers, Dignity Health Medical Group, Nevada Diabetes Stakeholder group, Comagine Health, Cardiac Rehab, Wound Care, University of Nevada Cooperative Extension, Holy Family Catholic Church, North Las Vegas Church of Christ, Mexican Consulate REACH Program, Henderson, Navi Health, Inpatient Case Managers/Dietitians, Physician groups-cardiology, nephrology, internal medicine, and optometry.</td>
</tr>
</tbody>
</table>
## Chronic Disease Management

### Significant Health Needs Addressed

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

### Program Description

Provide access to evidence-based programs for prevention, education and self-management. Programs include:

- Congestive Heart Active Management Program (CHAMP)
- Chronic Disease Self-Management - Cancer Thriving & Surviving, Tomando Control de Su Saludé, Positive Self-Management for HIV, Chronic Pain Self-Management, Diabetes Self-Management (English & Spanish) also reported in Diabetes.
- Innovative Heart Health
- Powerful Tools for Caregivers
- Stepping On Fall Prevention & Tai Ji Quan: Movement for Better Balance (TJQMBB)
- Enhance Fitness

### CB Category

A1. Community Health Education

## FY 2020 Report

### Program Goal / Anticipated Impact

Expand access to evidence-based programs for people with chronic disease and other risk factors

| Measurable Objective(s) with Indicator(s) | CHAMP: Total Patients Enrolled, ACEI & Beta Blocker and 30 day readmission rate | CDSME: Total participants, Completion %, outcome measures | INNOVATIVE HEART HEALTH: Total clients enrolled, total classes, Farmer's Market | CAREGIVERS: Provide four classes reaching 80 people | FALL PREVENTION: Provide five Stepping On Classes and two Tai Ji Quan classes. Train 15 leaders in Stepping On and Tai Ji Quan statewide | ENHANCE FITNESS: Provide classes at all centers and Improve fitness outcomes |
| Intervention Actions for Achieving Goal | CDSME: Continue working with community partners to host CDSME workshops, secure additional grant funding, and support partners in expanding and developing an infrastructure to offer CDSME programs statewide | INNOVATIVE HEART HEALTH: Continue implementation of MNT protocol and nutrition education services to patients with hypertension and/or high cholesterol and track evaluation indicators. Work with local clinics and community coalitions to develop workflow to receive referrals for the patients with hypertension and/or high cholesterol. | CAREGIVERS: Recruit potential PTC leaders for the training. Secure additional funding to expand program to other underserved areas. | FALL PREVENTION: Partner with the Nevada Goes Falls Free Coalition, build capacity of fall prevention system |

### Collaboration

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

### Performance / Impact

<table>
<thead>
<tr>
<th>CHAMP 253 Patients Enrolled, 93.9% on ACEI or ARB, 96.6% on Beta Blocker, One 30 day readmission</th>
<th>CDSME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Participants: 402 (366 in English) (36 in Spanish)</td>
<td>Total Classes: 39 workshops (36 in English) (3 in Spanish)</td>
</tr>
</tbody>
</table>
- Total Leaders: 163, Certified in: 93 English CDSMP and DSMP, 24 Spanish CDSMP, 25 DSMP, 16 PSMP, and 5 CTS
- Delivered PSMP-HIV to 53 Ryan White Part A clients
- Average self-rated health score improved from 2.7 pre-program to 3.3 post-program (Scale from 1-5) The average self-rated confidence level for the participants managing their chronic condition improved from 6.7 pre-program to 7.9 post-program (scale from 1 to 10). The average days the participants exercised for at least 30 minutes has improved from 2.5 days pre-program to 3 days post-program (scale from 0 to 7 days). The average scale of the participants utilizing nutrition fact labels has improved from 2.75 pre-survey to 3 post-survey (scale from 1 to 5). The average scale of the participants preparing a list of questions for their doctors has improved from 2.6 pre-survey to 3.0 post-survey (scale from 1 to 5).

**INNOVATIVE HEART HEALTH**
- Enrolled 30 patients in the Community CHF Program.
- Enrolled 21 patients in the Self-Measured Blood Pressure Program
- Delivered the Healthy Heart Program with 43 participants enrolled and 39 completers
- 34% of participants had an overall reduction in BMI
- Hosted total of seven PopUp Farmer’s Stands
- Delivered Heart Healthy kits to 72 participants

**CAREGIVERS**
- Delivered seven PTC workshops with 102 enrolled and 66 program completers
- Delivered two PTC leader training and certified 20 PTC leaders

**FALL PREVENTION**
- Trained 17 facilitators in a two-day TJQMBB Training
- Completed six TJQMBB workshops generating 3,428 encounters and 71 completers (participants completing 75% of the workshop)
- Completed six Stepping On classes with 90 registered participants and 56 completers (participants completing five of the seven sessions)

**ENHANCE FITNESS:**
- Provided 977 Classes at six centers generating 13,520 fitness encounters
- Improvement in Fitness Scores: 77% Chair Stand, 76% Arm Curl, 72% Up and Go

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**Hospital's Contribution / Program Expense**

Total hospital expense $1,356,597 less grant funding of $746,208. Hospital provided staff, classroom and consult space, overhead and fringe, IT, marketing and promotion.

**FY 2021 Plan**

**Program Goal / Anticipated Impact**

Expand access to evidence-based programs for people with chronic disease and other risk factors

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

**CHAMP:** Patients Enrolled 300, ACEI & Beta Blocker rate and 30 day readmission rate

**CDSME:**
- Reach 150 clients with chronic pain
- Deliver 2 CPSMP Leader Trainings, 1 in Southern Nevada and 1 in Northern Nevada. Certify 20 leaders in CPSMP.
- CPSMP: Continue working with Community partners to host CPSMP workshops. Secure additional grant funding and support partners in expanding and developing an infrastructure to offer CPSMP programs statewide.
- Deliver 11 workshops; 9 in English and two in Spanish.
- Conduct community outreach utilizing peer navigators to recruit 60 Ryan White Part A-HIV clients for PSMP

**INNOVATIVE HEART HEALTH:**
- Enroll 40 patients in the Healthy Heart Program
- Deliver three Healthy Heart Programs in Spanish with 20 participants enrolled
- Identify and provide 50 heart healthy kits.

**CAREGIVERS:**
- Deliver one Southern, one Northern, and two Rural Nevada PTC leader trainings
- Deliver 20 statewide PTC workshops in English and Spanish

**FALL PREVENTION:**
**Community Benefit FY 2020 Report and FY 2021 Plan**

- **Intervention Actions for Achieving Goal**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CDSME:</strong></td>
<td>Recruit CPSMP leaders for two trainings. Work with Community partners to host CPSMP Workshops. Support Partners in expanding and developing infrastructure to offer CPSMP programs to prison populations, tribal organizations and throughout the state.</td>
</tr>
<tr>
<td><strong>INNOVATIVE HEART HEALTH:</strong></td>
<td>Continue to implement the Healthy Heart Program to patients with hypertension and/or high cholesterol and track evaluation indicators. Work with Spanish local clinics and community based organization to receive referrals for the Spanish Healthy Heart Program.</td>
</tr>
<tr>
<td><strong>CAREGIVERS:</strong></td>
<td>Collaborate with new and existing partners to recruit leaders for the PTC leader training in Southern, Northern, and Rural Nevada. Secure additional funding to expand program to other underserved areas.</td>
</tr>
<tr>
<td><strong>FALL PREVENTION:</strong></td>
<td>Secure grant funding. Expand the Nevada Goes Falls Free Coalition, increase fall risk screenings</td>
</tr>
<tr>
<td><strong>ENHANCE FITNESS:</strong></td>
<td>Expand program to all 6 centers. Host an instructor training, and expand program to community partners. (Unsure due to COVID)</td>
</tr>
</tbody>
</table>

- **Planned Collaboration**

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

---

**Zero Fatalities**

- **Significant Health Needs Addressed**

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

- **Program Description**

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

- **CB Category**

  A1. Community Health Education

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Zero Fatalities by 2030</td>
</tr>
<tr>
<td>2. Zero Teen Fatalities by 2021</td>
</tr>
<tr>
<td>3. Maintain Zero Infant/Child fatalities for ages one day - 2 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measurable Objective(s) with Indicator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in fatalities</td>
</tr>
<tr>
<td>Total education encounters</td>
</tr>
<tr>
<td>Awareness campaign reach</td>
</tr>
<tr>
<td>Advocacy Efforts</td>
</tr>
<tr>
<td>Total AARP Drivers Safety Classes/Attendees</td>
</tr>
</tbody>
</table>
- Total Car Seat Safety Checks

**Intervention Actions**

1. Partnered with NDPS to promote safety for all users of Nevada roads, including pedestrians and bicyclists.
2. Partnered with AARP to provide drivers safety courses for seniors throughout the valley, until March 2020 (due to COVID restrictions)
3. Participated in the Nevada Zero Fatalities Impaired Driving Prevention Task Force
4. Partnered with the Nevada Zero Fatalities Occupant Protection Task Force to advocate upgrading NRS 484D.495 to a Primary Seat Belt Law
5. Provided Car Seat Safety Checks throughout the valley until March 2020 (due to COVID restrictions)

**Collaboration**
Nevada Department of Public Safety Office of Traffic Safety, AARP, Safe Kids, Nevada Department of Transportation

**Performance / Impact**

<table>
<thead>
<tr>
<th><strong>Performance / Impact</strong></th>
<th><strong>Nevada Department of Public Safety Office of Traffic Safety, AARP, Safe Kids, Nevada Department of Transportation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Car Seat Safety Installations</strong></td>
<td>79</td>
</tr>
<tr>
<td><strong>Total Participants in AARP Driver’s Safety Program</strong></td>
<td>54</td>
</tr>
</tbody>
</table>

**Hospital Contribution**
$2,500 for car seat safety checks, classroom space, promotion and marketing of services

**FY 2021 Plan**

**Program Goal / Anticipated Impact**

1. Zero Fatalities by 2030
2. Zero Teen Fatalities by 2021
3. Maintain Zero Infant/Child fatalities for ages one day - 2 years

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

- Reduction in fatalities
- Total education encounters
- Awareness campaign reach
- Advocacy Efforts
- 120 Total AARP Drivers Safety Classes/Attendees
- 120 Total Car Seat Safety Checks

**Intervention Actions for Achieving Goal**

1. Partner with NDPS to provide an education program that promotes safety for all users of Nevada roads, including pedestrians and bicyclists.
2. Partner with AARP to provide drivers safety courses for seniors throughout the valley, virtually or in person when appropriate
3. Participate in the Nevada Zero Fatalities Impaired Driving Prevention Task Force
4. Partner with the Nevada Zero Fatalities Occupant Protection Task Force to advocate upgrading NRS 484D.495 to a Primary Seat Belt Law
5. Provide Car Seat Safety Checks throughout the valley, when COVID restrictions permit

**Planned Collaboration**
Nevada Department of Public Safety Office of Traffic Safety, AARP, Safe Kids, Nevada Department of Transportation

---

**SafeTALK Suicide Prevention**

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

| **Program Description** | SafeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. |
### CB Category

A1. Community Health Education

### FY 2020 Report

#### Program Goal / Anticipated Impact

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

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

After training, participants in the safeTALK program should be able to:

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

#### Intervention Actions for Achieving Goal

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

#### Collaboration

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

#### Performance / Impact

- Trained five staff and hired three instructors to facilitate SafeTALK trainings
- Hosted 10 trainings and reached 212 participants

#### Hospital's Contribution

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

### FY 2021 Plan

#### Program Goal / Anticipated Impact

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

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

After training, participants in the safeTALK program should be able to:

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

#### Intervention Actions for Achieving Goal

- Host 12 safeTALK/Gatekeeper trainings
- Reach 100 participants per year
- Offer training to hospital staff

#### Planned Collaboration

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

### EMPOWERED – Empowering Mothers for Positive Outcomes with Education, Recovery, and Early Development

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

---

Community Benefit FY 2020 Report and FY 2021 Plan

Dignity Health – St. Rose Dominican

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**Program Description**

EMPOWERED (Empowering Mothers for Positive Outcomes with Education, Recovery, and Early Development) addresses the increasing number of women of childbearing age in Southern Nevada who are either challenged with opioid dependence or maintained on opioid prescriptions. For both groups, the goal is for a healthy pregnancy, delivery, and postpartum experience. EMPOWERED provides community resources, education, and connections to treatment and/or recovery services. In addition, we provide:

- Education on Neonatal Abstinence Syndrome (NAS)
- Developmental assessments
- Postpartum support for one year after delivery
- Breastfeeding support
- Parenting classes and education on the hospital stay
- Infant CPR
- Support groups

**CB Category**

A1. Community-based clinical services

### FY 2020 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Increase participation and engagement by enrolled participants by 10% each year. This program will do so by continued community outreach, providing education, and supporting our community partners.</th>
</tr>
</thead>
</table>
| Measurable Objective(s) with Indicator(s) | Total Referrals  
Total Mothers enrolled  
Total Education encounters  
Total Developmental Assessments |

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

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Southern Nevada Health District, State of Nevada, local Medication Assisted Treatment Providers, and OB/GYNs.</th>
</tr>
</thead>
</table>
| Performance / Impact | The EMPOWERED Program supported and served 61 women by proving client referrals to prenatal providers, substance abuse treatment, pain management assistance, mental health services, and social services such as WIC and Insurance.  
Total Referrals: 62  
Total Mothers enrolled: 65  
Total Education encounters: 60  
Total Developmental Assessments: 3 |

| Hospital’s Contribution | Program expense $425,035 less grant funding of $247,950 included staff, space and overhead |

### FY 2021 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Increase participation and engagement by enrolled participants by 10% each year. This program will do so by continued community outreach, providing education, and supporting our community partners.</th>
</tr>
</thead>
</table>
| Measurable Objective(s) with Indicator(s) | Total Referrals 70  
Total Mothers enrolled 75  
Total Community Outreach encounters 130 |

| Intervention Actions | Monthly community outreach  
Facilitate educational and informational sessions in various community settings  
Provide education and support through prenatal consultations |
### Mental Health First Aid

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

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

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

#### FY 2020 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Studies show that this program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Saves lives</td>
</tr>
<tr>
<td></td>
<td>Improves the mental health of the individual administering care and the one receiving it</td>
</tr>
<tr>
<td></td>
<td>Expands knowledge of mental illnesses and their treatments</td>
</tr>
<tr>
<td></td>
<td>Reduces overall social distance toward individuals with mental illnesses by improving mental health literacy.</td>
</tr>
<tr>
<td>People who are trained in the program:</td>
<td>Have greater confidence in providing help to others</td>
</tr>
<tr>
<td></td>
<td>Greater likelihood of advising people to seek professional help</td>
</tr>
<tr>
<td></td>
<td>Improved concordance with health professionals about treatments</td>
</tr>
<tr>
<td></td>
<td>Decreased stigmatizing attitudes</td>
</tr>
</tbody>
</table>

| Measurable Objective(s) | 1. Train and/or hire 2-4 Mental Health First Aid or Youth Mental Health First Aid Instructors |
|                        | 2. Provide 10 Mental Health First Aid and four Youth Mental Health First Aid classes per year across the valley at our 6 centers |
|                        | 3. Teach 150 people with this program |

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

#### Collaboration
Nevada Coalition for Suicide Prevention, PACT Coalition, NAMI, State of Nevada Office of Suicide Prevention, Senior Peer Counseling, CARE Coalition, Southern Nevada Harm Reduction Alliance, NV CHW Association, University of Nevada Cooperative Extension
### Performance / Impact
- Trained one staff and hired two instructors in Mental Health First Aid
- Provided seven Mental Health First Aid classes
- Trained 120 participants

### Hospital's Contribution
- Total program expenses $15,000. Program includes contracted facilitators, supplies, and training

## FY 2021 Plan

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

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

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

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

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

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### Perinatal Mood and Anxiety Disorders Program

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

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

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

#### FY 2020 Report

#### Program Goal / Anticipated Impact
- Reduce mental health stigma, promote and educate health professionals on PMADs and available community resources for their clients/patients, and continue to provide support and care coordination to moms and families experiencing PMADs.
| Measurable Objective(s) with Indicator(s) | • Educate and train 275 community and health professionals on PMADs.  
• Reach 800 moms who attend 9 support groups across the valley (5 Let’s Talk and 4 Mommy Mixer)  
• Provide health navigation for 250 clients  
• Provide 250 client intakes  
• Provide counseling services for 250 clients |
| Intervention Actions for Achieving Goal | Provided PMAD trainings to community and health professionals, support groups, mommy mixers and support with funding therapy. PMAD facilitators have trained over 500 community and health professionals and currently offer 9 support groups – 5 Let’s Talk and 4 Mommy Mixers. The coordinator currently assists moms and families in need of clinical therapy. We help coordinate the family’s insurance mental health provider and assist with funding the therapy if the provider is unable to see the patient within a two-week period. |
| Collaboration | Southern Nevada WIC clinics, Southern NV Health District, United Healthcare, Behavioral Health Options, Baby’s Bounty, Las Vegas Baby Co., State of Nevada Division of Child and Family Services, Maternal Child Health Coalition, UNLV School of Medicine, State Breastfeeding Peer Counselors, southern Nevada OBGYNs and pediatricians. |
| Performance / Impact | Trained 81 community health professionals  
Completed 209 health navigation  
Completed 209 client intakes  
Provided 346 counseling sessions  
Let’s Talk and Mommy Mixers reached 818 moms across the valley |
| Hospital’s Contribution | Total program expense $96,335 which included state and local funding. Program includes 1.2 FTEs, therapy services, support groups, supplies and continuing education. |

**FY 2021 Plan**

| Program Goal / Anticipated Impact | Reduce mental health stigma, promote and educate health professionals on PMADs and available community resources for their clients/patients, and continue to provide support and care coordination to moms and families experiencing PMADs. |
| Measurable Objective(s) with Indicator(s) | • Educate and train 350 community and health professionals on PMADs.  
• Reach 850 moms who attend 9 support groups across the valley (5 Let’s Talk and 4 Mommy mixer)  
• Provide health navigation for 350 clients  
• Provide counseling services for 350 clients  
• Attend 20 Community meetings to educate and promote PMAD program resources |
| Intervention Actions for Achieving Goal | We will continue to provide PMAD trainings to community and health professionals, support groups, mommy mixers and support with funding therapy. |
| Planned Collaboration | Southern Nevada WIC clinics, Southern NV Health District, United Healthcare, Behavioral Health Options, Baby’s Bounty, Las Vegas Baby Co., State of Nevada Division of Child and Family Services, Maternal Child Health Coalition, UNLV School of Medicine, State Breastfeeding Peer Counselors, southern Nevada OBGYNs and pediatricians |

### Senior Peer Counseling

**Significant Health Needs Addressed**

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

### FY 2020 Report

| Program Goal / Anticipated Impact | Discussing concerns with a trained and caring peer counselor can really make a difference in reducing loneliness and depression. Counseling offers an outlet to work through feelings, recognize strengths, consider alternatives, learn new coping skills and redirect your life toward greater meaning and purpose. |
| Measurable Objective(s) with Indicator(s) | Total Clients
Total Counseling Sessions
Total Intakes
Total Active Counselors |
| Intervention Actions for Achieving Goal | 1. Recruit, screen, train, and retain peer counselors annually. Provide bi-weekly supervision and ongoing training.
2. Recruit clients through physician referrals, self-referral, community partners, REACH Magazine and website.
3. Match clients with an appropriate counselor and monitor through supervision |
| Collaboration | State of Nevada Office of Suicide Prevention, ADSD |
| Performance / Impact | 74 Total Clients
572 Total Counseling Sessions
72 Total Intakes
27 Active Counselors
20 Total Referrals to other programs or services
31 Total Clients who have completed counseling |
| Hospital's Contribution | $81,304, program coordinator, counseling space and supervision space (both centers) |

### FY 2021 Plan

| Program Goal / Anticipated Impact | Discussing concerns with a trained and caring peer counselor can really make a difference in reducing loneliness and depression. Counseling offers an outlet to work through feelings, recognize strengths, consider alternatives, learn new coping skills and redirect your life toward greater meaning and purpose. |
| Measurable Objective(s) with Indicator(s) | 70 Total Clients
500 Total Counseling Sessions
70 Total Intakes
25 Active Counselors
20 Total Referrals to other programs or services
25 Total Clients who have completed counseling |
| Intervention Actions for Achieving Goal | • Recruit, screen, train, and retain peer counselors. Provide monthly supervision and ongoing training.
• Recruit clients through physician referrals, self-referral, community partners, REACH Magazine and website.
• Match clients with an appropriate counselor and monitor counseling through supervision. Expand counselors out to other Centers |
| Planned Collaboration | State of Nevada Office of Suicide Prevention, ADSD |
Other Programs and Non-Quantifiable Benefits

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

OTHER PROGRAMS

**Breastfeeding**
St. Rose Dominican is committed to protecting new mothers milk supply and the nutrition of the baby.
Outcomes: Maintained Baby-Friendly designations for both San Martin and Siena. 178 Outpatient Lactation Consultations, 317 Phone Consultations, 200 breastpump rentals, 437 breastfeeding support group encounters, 99 prenatal breastfeeding class participants.

**Community Coalitions**
The Nevada Statewide Maternal and Child Health Coalition (NVMCH) provide leadership to improve the physical and mental health, safety and well-being of the maternal and child population across Nevada.
Outcomes: 775 active members statewide

**Fitness Programs**
Provide free and low cost fitness programs to the community. Incorporate mind, body and spirit into these programs and teach the Enhance Fitness evidence-based curriculum that improves balance, strength, flexibility, endurance and emotional well-being.
Outcomes: Offered 52 different ongoing weekly exercise programs generating 30,329 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 1,483 participants with classes.

**Infants, Children & Parenting**
Provided programs to enhance baby safety, early bonding, baby development and parenting.
Outcomes: 5,848 participants

**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: 622 participants.

**Screenings**
Provide low or no cost medical and health screenings for the uninsured in our community to detect the early onset of illness and disease. Provide referrals to follow up care as needed.
Outcomes: Provided 923 screenings open to the community.

**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 24 different support groups, 42 different meetings for a total of 8,767 encounters

**Transportation Assistance**
Transportation program for patients and families to enhance patient access to care including cabs, bus tokens, and other transportation services with a specific focus on vulnerable populations.
Outcomes: Over the course of the year, St. Rose Dominican assisted 1,278 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.
Outcomes: 4,222 clients enrolled in the program.

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

- **Kindness Kloset.** Employees donate new sweat pants, sweatshirts, t-shirts, socks and slippers for patients who are being discharged with no clothing to wear home. These patients are discharged from one of the units or from the Emergency Departments at all three campuses.
- **Smoke-Free Campus Initiative.** All three St. Rose Dominican campuses are smoke free and have been recognized by the American Lung Association and the Nevada Cancer Coalition.
- **Healthy Rose Employee Wellness Program.** St. Rose Dominican was recognized as a Silver Level recipient of the American Heart Association’s Fit Friendly Worksites Recognition Program for taking steps to create a culture of wellness for our employees.
- **Sister Robert Joseph Bailey Elementary School** - Back-to school supplies and Christmas gifts were donated by employees for over 150 low-income children.
- **Prayer Shawls** were distributed to over 500 patients at all three campuses, local hospice and partner convalescent rehab centers. These shawls are knitted with love and prayers to help patients heal.
- **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 HallOVeen and Magical Forest event to raise funds for women and men with disabilities. The hospital coordinates four teams (80 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.
Economic Value of Community Benefit

524 St. Rose Dominican - San Martin
Complete Summary - Classified Including Non Community Benefit (Medicare)
For period from 7/1/2019 through 6/30/2020

<table>
<thead>
<tr>
<th>Persons</th>
<th>Net Benefit</th>
<th>% of Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits for Poor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>4,207</td>
<td>4,952,076</td>
</tr>
<tr>
<td>Medicaid</td>
<td>8,215</td>
<td>17,874,734</td>
</tr>
<tr>
<td>Means-Tested Programs</td>
<td>9</td>
<td>41,406</td>
</tr>
<tr>
<td><strong>Community Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A - Community Health Improvement Services</td>
<td>0</td>
<td>675</td>
</tr>
<tr>
<td>B - Health Professions Education</td>
<td>0</td>
<td>41,679</td>
</tr>
<tr>
<td>E - Cash and In-Kind Contributions</td>
<td>8</td>
<td>120,343</td>
</tr>
<tr>
<td><strong>Totals for Community Services</strong></td>
<td>8</td>
<td>162,697</td>
</tr>
<tr>
<td><strong>Totals for Poor</strong></td>
<td>12,439</td>
<td>23,030,913</td>
</tr>
<tr>
<td><strong>Benefits for Broader Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A - Community Health Improvement Services</td>
<td>1</td>
<td>42,302</td>
</tr>
<tr>
<td>B - Health Professions Education</td>
<td>9</td>
<td>228,493</td>
</tr>
<tr>
<td>E - Cash and In-Kind Contributions</td>
<td>0</td>
<td>17,948</td>
</tr>
<tr>
<td>F - Community Building Activities</td>
<td>0</td>
<td>30,688</td>
</tr>
<tr>
<td><strong>Totals for Community Services</strong></td>
<td>10</td>
<td>319,431</td>
</tr>
<tr>
<td><strong>Totals for Broader Community</strong></td>
<td>10</td>
<td>319,431</td>
</tr>
<tr>
<td><strong>Totals - Community Benefit</strong></td>
<td>12,449</td>
<td>23,350,344</td>
</tr>
<tr>
<td><strong>Medicare</strong></td>
<td>10,491</td>
<td>24,476,537</td>
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<tr>
<td><strong>Totals with Medicare</strong></td>
<td>22,940</td>
<td>47,826,881</td>
</tr>
</tbody>
</table>

The economic value of all community benefit is reported at cost. The economic value of community benefit for patient financial assistance (charity care), Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.
Community Board Members
July 1, 2020 – June 30, 2021

Maggie Arias-Petrel
CEO, Global Professional Medical Consulting

Lawrence Barnard
Nevada Market Leader and President/CEO
Dignity Health – St. Rose Dominican Siena

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

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

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

Patrick Hays
Retired

Craig Johnson, Board Secretary
SVP, Hill International, Inc

Sean McBurney
Senior Vice President and General Manager
Caesars Entertainment

Patricia McDonald
Adrian Dominican Sister

Jennifer Raroque, M.D.
Platinum Hospitalists

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

Julie Sprengel
Southwest Division President
Dignity Health Hospitals

Mark Wiley
Mark Wiley Realty

Kate Zhong
Physician/CEO, CNS Innovations

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

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

Polly Bates
Grant Manager, Foundation

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

Asia Dean
Director Strategic Planning

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

Jennifer Findlay
Helping Hands Manager

Mark Domingo
Disease Management Program Manager

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

Patricia Lindberg
Retired, Community Member

Holly Lyman, MPH, CLC
Director Community Health

Sister Patricia McDonald
Adrian Dominican Sisters

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

Shelley Williams, RN, CDE
Lead Diabetes Educator
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 I Patient Financial Services 877-877-8345
www.dignityhealth.org/las-vegas/patienthelp

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

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