ARIZONA
SPINE & JOINT
HOSPITAL

Dignity Health Arizona Spine and Joint Hospital
Community Health Implementation Strategy 2019 – 2021

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At-a-Glance Summary

Community Served	Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. For this report the focus will be on the primary service area of Arizona Spine and Joint Hospital (ASJH). The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The town of Mesa is primarily served by ASJH. Zip code areas with the highest risks include 85132, 85201, 85204, and 85210[ii].
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). Those needs are: • Access to Care * • Mental/Behavioral Health/Substance Abuse • Chronic Disease (Overweight/Obesity – Diet Related Illnesses) * • Cancer • Safety and Violence (Injury and Trauma) * • Social Determinants of Health • Homelessness and Housing Insecurity **Arizona Spine and Joint Hospital is an orthopedic specialty hospital and will focus on these particular needs.*
Planned Actions for 2019-2021	ASJH works in conjunction with St. Joseph's Hospital and Medical Center to support the community. The 2019-2021 Implementation Strategy will provide the platform for the seven dimensions of wellness to be integrated throughout the health and community systems. These dimensions include social, emotional, spiritual, environmental, occupational, intellectual and physical wellness. Each of these seven dimensions act and interact in a way that contributes to our own quality of life. The increased recognition of the social needs of the community and how they intersect with the health needs will be a key point of the three-year initiative along with a focus on health equity for those individuals who are marginalized by race, culture, gender, age, and other social and physical barriers.

This document is publicly available at: https://www.azspineandjoint.com/our-facility/ This information is shared broadly with the community through e-mail distribution program. The information is shared on Facebook, Twitter, Linked In, e-mail list serves, community meetings and presentation. Written comments on this report can be submitted to the Arizona Spine and Joint Hospital at 4620 East Baseline Road, Mesa, Arizona 85260 or by phone at 480-832-4770.

MISSION, VISION AND VALUES

Arizona Spine and Joint Hospital (ASJH) is a part of Dignity Health, A non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

Our Mission

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

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

Our Vision

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

Our Values

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

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

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

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

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

Excellence - Exceeding expectations through teamwork and innovation.

OUR HOSPITAL AND THE COMMUNITY SERVED

About Dignity Health Arizona Spine and Joint Hospital

Arizona Spine and Joint Hospital is an affiliate of Dignity Health St. Joseph's Hospital and Medical Center (SJHMC), a tax-exempt 501(c)3 organization. Since 1895, SJHMC has delivered high-quality, affordable, health care services in a compassionate environment that meets each patient's physical, mental and spiritual needs. Upholding the core values of dignity, justice, stewardship, collaboration, and excellence, our healing philosophy serves not just our patients, but our staff, our communities, and our planet.

Established in 2002, Arizona Spine & Joint Hospital (ASJH) is an award-winning orthopedic specialty hospital offering outpatient and elective inpatient services for orthopedic, spine, podiatry and pain management patients. The hospital is majority-owned and operated by a team of local physicians with a shared mission of delivering superior health care at affordable rates. Our physicians have invested personally, professionally and financially to create a hospital that allows them to focus on what matters most, the patients. Their staff provides care in an environment that promotes wellness and rapid recovery. With four operating rooms and two pain treatment rooms, our 23-bed facility provides patients with the latest technology and all the ancillary services associated with larger, full-service hospitals.

Description of the Community Served

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. For this report the focus will be on the primary service area of ASJH. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The primary service area for ASJH includes the zip codes making up the top 75% of the total patient cases.

The City of Mesa is primarily served by ASJH. Surrounding communities also being served by ASJH include the surrounding communities include Gilbert, Mesa, Tempe, Ahwatukee, Florence Chandler, Sacaton, Apache Junction, Casa Grande, Pinal County, Gila River Indian Reservation, and Guadalupe.

According to the Community Need Index (CNI), a proprietary tool developed by Dignity Health, the primary service area includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include zip code areas with the highest risks include 85201, 85202, 85204, 85210, 85132, and 85120.[2] Arizona Spine & Joint Hospital will adopt its strategic initiatives within these zip codes and collaborate with St. Joseph's Hospital and Medical Center and the Arizona hospitals for delivery of these programs.

Table 1. Demographic information for the Arizona Spine and Joint primary service area.

	Arizona Spine & Joint PSA	Maricopa County	Arizona
Population: estimated 2015	1,093,736	4,088,549	6,728,577
Gender			
• **Male**	49.9%	49.5%	49.7%
• **Female**	50.1%	50.5%	50.3%
Age			
• **0 to 9 years**	13.9%	13.8%	13.3%
• **10 to 19 years**	13.6%	13.8%	13.6%
• **20 to 34 years**	19.7%	21.2%	20.5%
• **35 to 64 years**	37.1%	37.3%	36.7%
• **65 to 84 years**	13.9%	8.0%	9.2%
• **85 years and over**	1.8%	5.9%	6.7%
Race			
• **White**	66.7%	56.9%	77.8%
• **Asian/Pacific Islander**	3.7%	4.0%	3.2%
• **Black or African American**	3.3%	5.0%	4.3%
• **American Indian/Alaska Native**	1.6%	1.5%	4.4%
• **Other**	2.3%	2.3%	7.0%
Ethnicity			
• **Hispanic**	22.3%	30.3%	30.5%
Median Income	$60,649	$53,694	$51,340
Uninsured	11.1%	13.9%	13.6%
Unemployment	4.1%	4.4%	5.4%
No HS Diploma	10.9%	14.0%	13.8%
***% of Population 5+ non-English speaking**	6.3%	9.3%	9.1%
***Renters**	33.0%	39.6%	37.5%
CNI Median Score	2.8	39.6%	37.5%
Medically Underserved Area	Yes	-	-

*Source: U.S. Census American Community Survey, 5 year estimates 2013-2017

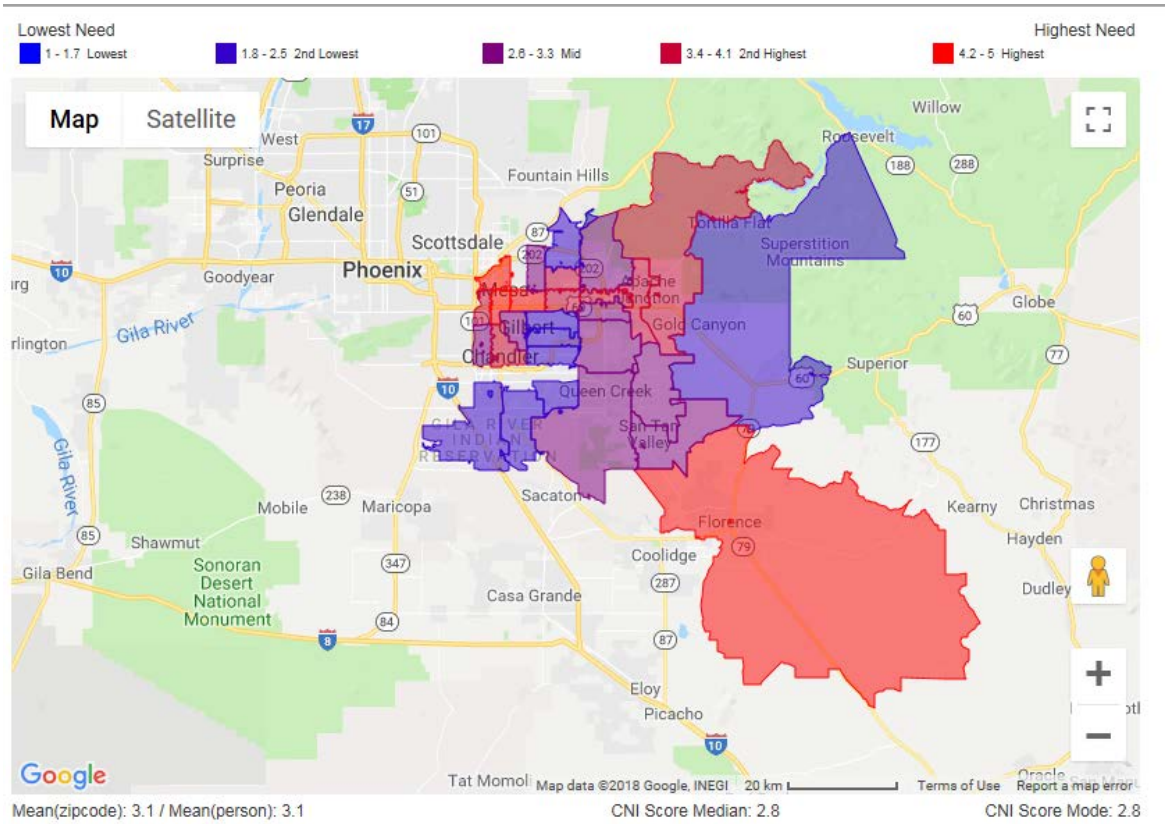
Community Needs Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest

barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

Dignity Health has developed the nation's first standardized Community Need Index (CNI) in partnership with Truven Health Analytics. The CNI identifies the severity of health disparity for every zip code in the United States based on specific barriers to healthcare access. The CNI considers multiple factors that are known to limit health care access such as income, language, educational, insurance and housing barriers. The ability to pinpoint neighborhoods with significant barriers to health care access is an important new advancement for public health advocates and care providers. According to the CNI illustrated below, the primary service area has a mean CNI score of 4 and includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85003, 85004, 85006, 85007, 85007, 85009, 85014, 85015, 85017, 85019, 85021, 85023, 85029, 85031, 85033, 85035, 85037, 85040, 85041, 85042, 85043, 85051, 85122, 85201, 85204, 85210, 85281, 85301, 85302, 85303, 85323, 85353, and 85364[i].

Primary Service Map – Community Needs Index



Primary Service Area CNI scores

Zip Code	CNI Score	Population	City	County	State
85118	2.4	14043	Gold Canyon	Pinal	Arizona
85119	3.8	22328	Apache Junction	Pinal	Arizona
85120	4	31332	Apache Junction	Pinal	Arizona
85132	4.2	35037	Florence	Pinal	Arizona
85140	2.8	47085	San Tan Valley	Pinal	Arizona
85142	2.6	64024	Queen Creek	Maricopa	Arizona
85143	3.2	43222	San Tan Valley	Pinal	Arizona
85201	4.6	50779	Mesa	Maricopa	Arizona
85202	4	40636	Mesa	Maricopa	Arizona
85204	4.4	66676	Mesa	Maricopa	Arizona
85205	3.4	43398	Mesa	Maricopa	Arizona
85206	3.4	37294	Mesa	Maricopa	Arizona
85207	2.8	51471	Mesa	Maricopa	Arizona
85208	3.6	39437	Mesa	Maricopa	Arizona
85209	2.8	43826	Mesa	Maricopa	Arizona
85210	4.6	39243	Mesa	Maricopa	Arizona
85212	2.6	34265	Mesa	Maricopa	Arizona
85213	2.8	35166	Mesa	Maricopa	Arizona
85215	2	17191	Mesa	Maricopa	Arizona
85224	3	46593	Chandler	Maricopa	Arizona
85225	4	75370	Chandler	Maricopa	Arizona
85233	2.8	39943	Gilbert	Maricopa	Arizona
85234	2.4	53860	Gilbert	Maricopa	Arizona
85248	2.2	36325	Chandler	Maricopa	Arizona
85249	2	48083	Chandler	Maricopa	Arizona
85295	2.2	49511	Gilbert	Maricopa	Arizona
85296	2	45985	Gilbert	Maricopa	Arizona
85298	2	31321	Gilbert	Maricopa	Arizona

IMPLEMENTATION STRATEGY DEVELOPMENT PROCESS

Arizona Spine and Joint Hospital collaborates and works with the Dignity Health Arizona Hospitals including St. Joseph's Hospital and Medical Center. The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators and impact; and engaging the Community Health Integration Network (CHIN) and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment

The significant needs that form the basis of the hospital's community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted on February 27, 2019.

The hospital conducts a CHNA at least every three years to inform its community heath strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

CHNA Significant Health Needs

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

1. Access to Care

Community members and key informants overwhelmingly felt that access to care is an important issue for the community. When Arizona Spine and Joint Hospital (ASJH) 2015 community survey respondents were asked, what was the most important "Health Problem" impacting their community, access to care was number one top concern. Within ASJH's primary service area, 4.1% of the populations are unemployed and 11.1 are uninsured[ii]. Additionally, there are disparities

experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians being least likely to have insurance[iii].

2. Mental/Behavioral Health

Mental and behavioral health are terms often used interchangeably to refer to a spectrum of health conditions which are each distinct yet often co-occurring and overlapping. Behavioral health includes not only ways of promoting well-being by preventing or intervening in mental illness such as anxiety or depression, but also has an aim preventing or intervening in substance abuse and suicide.

Mental health was ranked as the most important health problem impacting the community by key informants. This was echoed by participants in the focus groups who believe mental health is one of top health issues impacting community residents.

Substance abuse was one of the top concerns for both focus group participants and key informants. Key informants listed alcohol and drug abuse as two of the riskiest health behaviors community members are engaging in. In 2017, the United States Health and Human Services Department declared a public health emergency and announced a plan to combat the opioid crisis. In 2016, 790 Arizonians died from opioid overdoses and trends show an increase of a startling 74% over the past four years.[iv]

Suicide was the eighth leading cause of death for Maricopa County residents and ninth in the ASJH primary service area in 2016. Suicide rates across Maricopa County have slightly increased from 2012-2016, with male rates 3 times higher than female suicide rates. In Maricopa County, rates of suicide are highest among age groups 45-54 and 75+, which could indicate a potential health disparity in identification, referral or treatment of suicidal ideation.

Alzheimer's is a type of dementia that causes problems with memory, thinking, and behavior[v] In Arizona, 2,943 deaths occurred in 2015 due to Alzheimer's and it is the fifth leading cause of death, which is a 182% increase since 2000[vi]. In Maricopa County and ASJH primary service area, Alzheimer's is the fourth leading cause of death[vii].

3. Overweight/Obesity

Arizona has the 30th highest adult obesity rate in the nation, and the 32rd highest obesity rate for youth ages 10-17[viii]. In Maricopa County, males have higher rates of being overweight, and Hispanics have higher rates of obesity when compared to non-Hispanic whites[ix]. Key informants felt that being overweight, poor eating habits and lack of exercise were among the top five risky health behaviors community members were engaging in.

4. Cancer

While advancements continue to be made in the fight against cancer, it remains the leading cause of death in Maricopa County and the ASJH's primary service area and was identified as one of the top five areas of concerns from key informants. Colorectal cancer death rates in Maricopa County and ASJH primary service area has fluctuated over the last five years[x]. In ASJH primary service area, colorectal rates are below Maricopa County rate[xi].

5. Trauma/Injury Prevention

Injuries are not accidents, they are predictable and preventable. Unintentional injuries, including traffic-related, injuries, falls, burns, poisonings, and drowning were responsible for lost lives in the ASJH primary service area[xii]. Unintentional injury is the fifth leading cause of death in Maricopa County and sixth in ASJH's primary service area. Males are more likely to suffer from an unintentional injury with the exception of falls which are more prevalent among females[xiii].

6. Social Determinant of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[xiv]. Dignity Health ASJH is dedicated to making a positive impact on the social determinants of health, particularly on the health of those economically-disadvantaged communities. Resources that enhance quality of life can have a significant influence on population health outcomes. ASJH will focus on addressing homelessness, food insecurity, transportation, and problems related to psychosocial circumstances.

Several social determinants are identified in the CHNA, which include, but are not limited to, housing and homelessness; access to food-low-income and low-access to grocery stores; and transportation.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at https://www.azspineandjoint.com/wp-content/uploads/2019/03/Dignity-AZ-Spine_Joint-Hospital_-CHNA_Report_2019.pdf or upon request at the hospital's Community Health office, Arizona Spine and Joint Hospital, 4620 East Baseline Road, Mesa, Arizona 85260, phone 480-832-4770.

Creating the Implementation Strategy

Rooted in Dignity Health's mission, vision and values, ASJH in collaboration with SJHMC, is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and Community Health Integration Network (CHIN). The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource (see Appendix A). These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

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

- Focus on Disproportionate Unmet Health-Related Needs;
- Emphasize Prevention including activities that address the social determinants of health;
- Build Community Capacity;
- Demonstrate Collaboration; and
- Contribute to a seamless continuum of care.

Process and Criteria for Prioritization

The process for prioritization included engagement with both internal Dignity Health stakeholders and community partners from CHIN and the ACCN. The first step of the process was a comprehensive presentation that included an overview of the CHNA findings and key emerging health needs. Stakeholders in attendance of the March 2019 Arizona Community of Care Network meeting participated in a "needs strategy activity" where they were able to identify strategies and opportunities for integration with the hospital. The ACCN identified areas and programs that they can collaborate with the hospital and community to create healthier and sustainable communities. CHIN members in attendance of the April 2019 meeting also participated in a strategy activity, where they reviewed community outcomes, discussed major inequities, and determined the best strategies for each outcome.

2019-2021 IMPLEMENTATION STRATEGY

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.

Strategy and Plan Summary

The following is a summary of the key programs and initiatives that will be a major focus of ASJH, in collaboration with SJHMC, to address the identified and prioritized needs of the community. The ASJH Board has approved $100,000 for CHIS activities in 2020. The key programs will be continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Health Integration Network (CHIN), Executive Leadership, the Hospital and Community Board and Dignity Health receive quarterly reports regarding the success of the key initiatives and community benefit reports.

We have categorized the needs to reflect the Dignity Health Community Health 2019-2023 Blueprint to increase the care continuum, promote innovation and transformational approaches to improve health outcomes and to address the social determinants of health (SDOH) within our community and the health system. Existing programs with evidence of success and impact are identified within these key strategy areas to meet the community needs identified in the CHNA. Through our work and collaboration with Maricopa County and the State of Arizona's Department of Health and Human Services, we participate in the Health Improvement Partnership of Maricopa County (HIPMC) and Synapse[xv] to improve the outcomes for programs that are research and evidence-based, provide outcome based, and sustainable interventions. CHIS objectives are collected on an ongoing basis by the Maricopa County Department of Public Health (MCDPH) from organizations participating in HIPMC. We work closely with the partners within HIPMC and also contribute through the hospital's programs to improve the community. We also collaborate with our community partners in the Arizona Communities of Care Network where we use the "collective impact and asset-based" strategies for program development and improvement.

Program measurements and outcomes are measured using SMART goals to address the immediate needs and provide a framework to address the preventive factors or social determinants of health. We do this in collaboration with our partnering service lines within the hospital, community partners, the county and State of Arizona. We will continue to engage and utilize the Collective Impact Model and enhance the collaborations within the Arizona Communities of Care Network and further promote the work within HIPMC, Arizona Health Communities, and the Preventive Health Collaborative of Maricopa County and Synapse.

Health Need: Access to Care	
Strategy or Activity	**Summary Description**
Education, Enrollment and Outreach Activities	• Patient Financial Assistance • Collaboration with Keogh Health Connections, FSL, Circle the City and other Community programs to assist with insurance and program enrollments • Educate community and patients on end-of-life decisions
Surgery Assistance Program	• Provide one or two pro-bono surgeries a quarter to individuals who meet the Patient Financial Assistance Program criteria and are referred by one of the Dignity Hospitals and/or safety-net community clinics, such as Mission of Mercy, Neighborhood Christian Clinic and others.
Anticipated Impact: The hospital's initiatives to address access to care has anticipated to result in: early identification of patients with limited access to care; gains in public or private health care coverage; increased enrollment in medical insurance, social service, social needs, and increased primary care "medical homes" among those reached by navigators and promotoras. Reduction in Emergency Department utilization, reduced readmission rates, length of stay in hospitals, and increased access to health and human services for primary prevention and health protection.	

Health Need: Mental/Behavioral Health	
Strategy or Activity	**Summary Description**
Substance Abuse Initiative	**Substance Abuse Initiatives with Community Medical Services** • Program to assist opioid and drug abuse patients with treatment beginning at the bedside and transitioning to treatment in community. • Collaborative and partnership program working with Community Medical Services and others to provide care transitions for addicted individuals.
Anticipated Impact: Improved mental and behavioral health of the community and patients utilizing hospital services, reduction in readmission rates, Emergency Department visits, length of stay, engagement with primary care and mental behavioral health provider, increased education on signs and symptoms of mental and behavioral health conditions – drug, substance, alcohol and memory disorders as well as knowing how to receive care and prevent disease.	

Health Need: Chronic Disease	
Strategy or Activity	**Summary Description**

Diabetes Prevention and Management	**DEEP (Diabetes Education and Empowerment Program**) self-management workshops in English and Spanish • Collaboration with community partners providing assistance to meet ongoing needs of Diabetics
Disease Self-Management	**Healthies Living with Chronic Conditions** • Series of free classes that teach participants how to self-manage their chronic conditions • Strategies and tools are provided to improve health and overall quality of life • Offered in English and Spanish
Chronic Disease Prevention and Assistance Program	**ACTIVATE Prime – Kindness Closet** • Management of health issues • Home visiting program and increased monitoring for 30 days • Social needs being met by program • Education and Prevention activities • Assistance with durable medical equipment and supplies
Anticipated Impact: The hospital's initiative to address chronic conditions has anticipated results in: increasing the number of individuals being referred to appropriate professionals to receive medical care and education needs, improving the community's knowledge of how to manage chronic conditions, improving access to information on prevention, and increasing the community's capacity to improve their overall health. Improved overall health, reduction of morbid co-morbidities, reduction of use of Emergency Department, increase in primary care utilization, increased knowledge and care for chronic condition, reduction of deaths, increased education and disease prevention. Reduction in length of hospital stays and readmissions with an increase of utilization of primary health services.	

Health Need: Safety and Violence	
Strategy or Activity	**Summary Description**
Disaster Preparedness Prevention	**Stop the Bleed** • Bleeding control classes held in community settings • National campaign to build resilience by better preparing the public to save lives by raising awareness of basic actions to stop life threatening bleeding. • Equips organizations with bleeding control kits
Injury Prevention	• **Pedestrian Safety** – community education • Improvement of walking areas for pedestrians and collaboration with local governments to improve walkways • Community Safety Education on use of motorized scooters

	• Collaboration between SJHMC Trauma Dept. and Barrow Community Outreach Dept. to develop outreach plan to increase awareness and education on motorized scooter safety.
Fall Prevention	**ACTIVATE/ACTIVATE Prime** to do home safety evaluation • Promote and collaborate with organizations who conduct home safety evaluation • Collaborations with Community organizations to provide support for fall prevention efforts. Referrals to organization such as FSL and other groups to do the home improvements **Balance Masters** - Balance and strengthening program to reduce falls. • Trauma and Emergency Department: The Trauma Prevention Staff provides a Home Safety curriculum that teaches parents and guardians how to have a more child safe environment, and prevent unintentional injuries. Presentations can be scheduled by appointment for agencies and organizations.

Health Need: Homelessness & Housing Insecurity	
Strategy or Activity	**Summary Description**
Medical Respite and transitional placement	• **Circle the City** provides respite to homeless individuals discharging from the hospital and medical services – continue to increase opportunities to increase bed capacity and referrals • Health and Human Service Campus transition plan, campus alignments and system improvements through a coordinated transition planning system using NaviHealth and Healthify as a tool to send referrals and track patient and community referrals
Anticipated Impact: Reduce homelessness, increase housing, and improve social services that support the needs of the community. Reduce readmissions, injuries, improved health, advocate for improved policies and support increases in workforce navigation for overall improvement.	

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 in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

ASJH, in collaboration with SJHMC, will provide yearly grant award to nonprofit organizations to assist with improving access to health services. For example – provide assistance to the aging populations and those who are underserved.

In 2018, SJHMC provided the following grants to the community. ASJH patients and community also benefited from these grants that assisted the neediest in our community.

Grant Recipient	Project Name	Amount
Catholic Charities Community Services, Inc.	Refugee Health Partnership	$74,800
Maggie's Place	Strengthening Homeless Pregnant and Parenting Women	$67,200
BakPAK	Arizona's First Health Navigation & Transportation System for the Homeless	$50,000
Purple Ribbon Council to Cut Out Domestic Abuse (DBA BLOOM365)	Youth Violence Intervention & Prevention Project (Y-VIPP)	$75,000
Circle The City	Coordinated Hospital Discharge and Diversion Program	$75,000
Valle del Sol	Healthy Kiddos, Healthy Communities	$79,753
Family Involvement Center (FIC)	Strong Families Healthy Communities	$84,500
Ability 360	The Ability Program	$42,500

Anticipated Impact

The anticipated impacts of the hospital's activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

In collaboration with SJHMC's Community Health Integration Network (CHIN), both ASJH and SJHMC committee comprised of hospital leadership and experts, board members, community members, city, county, educations, physicians, care coordination, funders and others come together to work closely with the hospital in assisting in determining the needs, evaluation, sustainability and ongoing work within the hospital and community. This group provides supports and connections to current programs and the need to innovate to meet the ongoing needs identified in the CHNA and within the community. Since 2012, the hospitals engaged with the community, nonprofit organizations, businesses, and governmental agencies in the Arizona Communities of Care Network (ACCN). The ACCN is a demonstration in utilizing the Collective Impact Model and putting it into action. The key intent is to foster collaborations borne of shared responsibility among various organizations and agencies to transform health in our community and to engage the hospital and community in meeting the needs of the poor disenfranchised and underserved.

Through our work and collaboration with Maricopa County and the State of Arizona's Department of Health and Human Services, we participate in the Health Improvement Partnership of Maricopa County (HIPMC) and Synapse to improve the outcomes for programs that are research and evidence-based, provide outcome based, and sustainable interventions. CHIS objectives are collected on an ongoing basis by the Maricopa County Department of Public Health (MCDPH) from organizations participating in HIPMC. We work closely with the partners within HIPMC and also contribute through the hospital's programs to improve the community.

Financial Assistance for Medically Necessary Care

Arizona Spine and Joint Hospital 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 hospital's Financial Assistance Policy is in Appendix C.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

The hospitals inform the community of their Financial Assistance Policy by posting it in areas throughout the hospital, both in the inpatient and outpatient areas; provides information on its website; provides information on Facebook, Linked In, Twitter, and by e-mail to the broader community. https://www.azspineandjoint.com/financial-assistance/

Program Digests

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

Dignity Health Community Grants Program	
Significant Health Needs Addressed	☑ Access to Care ☑ Mental/Behavioral Health ☑ Chronic Diseases ☑ Cancer ☑ Trauma/Injury Prevention ☑ Safety & Violence ☑ Homelessness & Housing Insecurity
Core Principles Addressed	☑ Focus on Disproportionate Unmet Health-Related Needs ☑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	Each year SJHMC allocates a percentage (0.05) of the previous year's expenses to support the efforts of other not-for-profit organizations in the local communities. An objective of the Community Grants Program is to award grants to nonprofit organizations whose proposals respond to identified priorities in the Community Health Needs Assessment and initiative. It is required that a minimum of three organizations work together in a Community of Care to address an identified health need.
Community Benefit Category	E2-a Grants: Community Grants Program
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	The goal of the Community Grants program is to support work being done in the community that addresses the highest identified needs. The anticipated impact is that as a community we are able to care for more underserved community members and reduce the impact of the identified needs.
Measurable Objective(s) with Indicator(s)	Each grant recipient will submit mid-year and year-end reports with measurable objectives and indicators specific to their project.
Intervention Actions for Achieving Goal	Promote the grant opportunity widely. Recruit community stakeholders to participate in a well-rounded review committee.
Planned Collaboration	Several non-profits in the community.

Diabetes Empowerment Education Program (DEEP)	
Significant Health Needs Addressed	❑ Access to Care ❑ Mental/Behavioral Health ☑ Chronic Diseases ❑ Cancer ❑ Trauma/Injury Prevention ❑ Safety & Violence ❑ Homelessness & Housing Insecurity
Core Principles Addressed	☑ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ❑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	DEEP is a community course for people with type 2 diabetes and/or their caretakers. Small group courses are 6 weeks long, meeting once a week for 2 – 2.5 hours. The sessions are highly interactive, focusing on building skills, sharing experiences and support. The course teaches the life skills needed in the day-to-day management of diabetes.
Community Benefit Category	A1-a. Community Health Education – Lectures/Workshops
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	Planned actions for 2019 -2021 revolve around expanding the program infrastructure to reach more people. Operating under a Dignity Health license and creating our own program materials will allow the program to be more sustainable going forward. With new community partnerships, we can now offer more workshops to the community and effectively reduce the burden of diabetes on the community.
Measurable Objective(s) with Indicator(s)	Program coordinator will increase the number of workshops offered in order to increase the number of workshop completers in a year. Program coordinator will increase the number of workshop completers by 50% for a total of 300 completers each year.
Intervention Actions for Achieving Goal	Promote the program widely. Increase community and hospital based referrals. Create and maintain relationships with community agencies where workshops can be held and promoted.
Planned Collaboration	We will continue collaborating with Keogh Health Connection and Maricopa County Dept. of Public Health to sustain the program.

Balance Masters	
Significant Health Needs Addressed	❑ Access to Care ❑ Mental/Behavioral Health ❑ Chronic Diseases

	❑ Cancer ☑ Trauma/Injury Prevention ❑ Safety & Violence ❑ Homelessness & Housing Insecurity
Core Principles Addressed	❑ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ☑ Contribute to a Seamless Continuum of Care ☑ Build Community Capacity ☑ Demonstrate Collaboration
Program Description	A group class developed to address the fear or risk of falling, through balance and strength exercises. The class is voluntary and free of charge to those 65 years and older. St. Joseph's Hospital provides the physical therapist as an instructor, the logistics of classroom space on campus twice/week for 1 hour, and the online or phone registration through Resource Link.
Community Benefit Category	A1-a. Community Health Education – Lectures/Workshops
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	St. Joseph's Hospital created a program that allows providers from Family Medicine, Outpatient Rehab and Trauma patients at risk for falling to a free weekly class as a layer of support. In addition, the class is open to the entire community to allow for those at risk of falling to build strength, balance, and knowledge surrounding fall prevention.
Measurable Objective(s) with Indicator(s)	300 flyers (#will increase as they run out) have been given to Family Medicine. Trauma Administration plans to track the number of referrals given to its patient population and determine the number of patients that enroll in the program. Also Outpatient Rehab recommends a series of 8 classes. Surveys or evaluations from instructors will be given upon the completion of the series to measure self-reported reduction in fear of falling and/or strength and balance gained from 1st class to final class.
Intervention Actions for Achieving Goal	The 1 hour class held twice weekly will incorporate balance and strength exercises. The class includes aerobic activity to music that creates a fun environment that creates interaction with the staff physical therapist. A series of 8 classes is recommended. Participants can come as often as they like and the program is free to any community member 65+ that is able to walk on their own.
Planned Collaboration	Currently collaborating with Trauma Administration, Family Medicine, and Barrow Outpatient Rehab. Planned collaborations are with Foundation for Senior Living and/or other surrounding senior care/retirement communities.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

COMMUNITY BOARD – 2019 St. Joseph's Hospital and Medical Center

BAYLESS, Justin CEO of Bayless Integrated Healthcare
DAVIS, Helen (ex-officio representative from East Valley Hospitals Community Board) Managing Partner, The Cavanagh Law Firm
DOHONEY, Jr., Milton Assistant City Manager, City of Phoenix
EGBO, M.D., Obinna Physician, President/CEO of Zion Medical Group, PLLC
GARCIA, M.D., Robert (ex-officio member) Chief of Medical Staff; St. Joseph's Hospital
GENTRY, Patti Commercial real estate broker
GONZALEZ, Sarah Consultant for local non-profit organizations
HEREDIA, Carmen *(Board Vice Chair)* Chief of Arizona Operations, Valle del Sol (non-profit organization)
HORN, Rick *(Board Chair)* Independent financial and retail advisor and corporate board member
HUNT, Linda (ex-officio member) President/CEO, Dignity Health Arizona Service Area
JONES, Sister Gabrielle Marie Sister of Mercy, retired hospital executive and nurse
KEARNEY, R.S.M., PsyD., Sister Kathleen Sister of Mercy, clinical psychiatrist
MORALES, Joanne Director of Refugee Programs, Catholic Charities Community Services
PALMER, Tom President, Claremont Capital Management, LLC (investment firm)
SCHEMBS, Jim Retired corporate CEO
SHARP, O.P., Sister Noreen Adrian Dominican Sister, retired attorney
SILVA, Margarita Immigration attorney; M. Silva Law Firm, PC
SIMKIN, Gayle Retired Infection Control Preventionist
SPELLERI, Maria *(Board Secretary)* Executive V.P. & General Counsel, Chicanos Por La Causa, Inc.

COMMUNITY HEALTH INTEGRATION NETWORK - 2019 ST. JOSEPH'S HOSPITAL AND MEDICAL

- **Aguilar, Eileen,** Community Health Impact Analyst, Maricopa County Dept. of Public Health
- **Albright, Rosanne**, Brown Space Manager, City of Phoenix
- **Alice, Patricia,** USPI
- **Alonzo, Anna,** Manager of 2MATCH Program, St. Joseph's Hospital and Medical Center
- **Battis, Eric**, Chief Operations Officer, Adelante Healthcare
- **Bauer, John**, Director of Finance, St. Joseph's Hospital and Medical Center
- **Bethancourt, Bruce,** Chief Medical Officer, St Joseph's Hospital Medical Center
- **Brucato-Day, Tina,** Hospital Administrator, St. Joseph's Westgate Hospital
- **Cardenas, Lilliana,** Community Empowerment Office Manager, Maricopa County Dept. of Public Health
- **Crittenden, Sonora,** Program Manager, St. Joseph's Hospital and Medical Center
- **Dal Pra, Marilee**, Vice President of Programs, Virginia G. Piper Charitable Trust
- **Denstone, Damon,** Clinical Manager, St. Joseph's Westgate Medical Center
- **Garganta, Marisue**, Director of Community Health Integration & Community Benefit, St. Joseph's Hospital and Medical Center
- ***Gonzalez, Sarah,** Isaac School District
- **Graham, Julie,** Director of External Affairs, Dignity Health Arizona
- **Hassler, Andrea,** Senior Director of Nursing Services, St. Joseph's Hospital and Medical Center
- **Hillman, Deborah,** Chief of Staff, Mercy Care Plan
- **Hoffman, Terri,** President, St. Joseph's Foundation
- ***Horn, Rick,** Chair of St.Joseph's Hospital and Medical Center Community Board
- **Jewett, Matt**, Grants Manager, Mountain Park Health Center
- **Jones, Ashley,** Community Benefit Specialist, St. Joseph's Hospital and Medical Center
- **Karras, Kathleen,** USPI
- **Krush, Leanne,** Vice President, Dignity Health Arizona General Hospitals
- **Manning, Wendy,** Executive Assistant, St. Joseph's Hospital and Medical Center
- **Mascaro, CarrieLynn,** Sr. Director of Programs, Catholic Charities
- **McBride, Sr. Margaret**, Vice President of Organizational Outreach, Dignity Health
- **McClain, Brett,** Chief Operating Officer, St. Joseph's Hospital and Medical Center
- **McWilliams, Barbara,** OASIS
- **Millard Hoie, Joyce,** Retired Nonprofit CEO in health and human services field
- **Mitros, Melanie**, Director of Strategic Community Partnerships, Vitalyst
- **Roberts, Mark,** Director of Care Coordination, St. Joseph's Hospital and Medical Center *****
- **Sklar, David,** Professor, School for the Science of Health Care Delivery, Senior Advisor to the Provost, Arizona State University
- ***Spelleri, Maria,** Executive V.P. & General Counsel, Chicanos Por La Causa, Inc.
- **Smith, Carrie**, Chief Operating Officer, Foundation for Senior Living
- **Smith, Vanessa,** SBMC
- **Tarango, Patricia,** Bureau Chief of Health System Development**,** Arizona Department of Health Services
- **Unrein, Serena,** Director, Arizona Partnership for Healthy Communities
- **VanMaanen, Pat**, Health Consultant, PV Health Solutions

**Indicates St. Joseph's Hospital Community Board Member and/or chair of CHIN*

APPENDIX B: FINANCIAL ASSISTANCE POLICY SUMMARY

Arizona Spine and Joint Hospital seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised.

In furtherance of this mission, Arizona Spine and Joint offers charity care and discounts to eligible patients who may not have the financial capacity to pay for health care services and who otherwise may not be able to receive these services.

The eligibility requirements for charity care and income-based discounts are described in the Financial Assistance Policy. Financial assistance is not a substitute for personal responsibility. Applicants for financial assistance are expected to cooperate with Arizona Spine and Joint Hospital's policies and procedures for obtaining financial assistance, and Arizona Spine and Joint Hospital's billing and collection efforts with regard to any amounts owed after applicable discounts. Applicants who have the financial capacity to purchase health insurance will be provided with information regarding insurance options and encouraged to apply. In addition, applicants who may be eligible for government-sponsored health care programs such as Medicaid or the Children's Health Insurance Program (CHIP) or Medicare will be required to apply for such programs as a means of paying their hospital bills. Submitting an application for government-sponsored health care programs will not preclude a patient's eligibility for financial assistance under this Financial Assistance Policy.

Arizona Spine and Joint Hospital will seek to determine eligibility for financial assistance prior to hospital services being rendered, and will do so after services are rendered when it is not possible to make the determination at an earlier stage. Eligibility is determined based on Federal Poverty Level (FPL). The FPL is defined by the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

Financially Qualified Patients whose Patient Family Income is at or below 200% of the FPL are eligible to receive a 100% discount off of their account balance for Eligible Services received by the patient after payment by any third party(ies).

Financially Qualified Patients whose Patient Family Incomes are above 200% but at or below 500% of FPL are eligible to receive a discount for Eligible Services received by the patient. Upon request, patients with Patient Family Income above 200% but at or below 500% of FPL who receive a discount under this Financial Assistance Policy will also be provided an extended payment plan.

The process for determining eligibility for financial assistance shall reflect Arizona Spine and Joint Hospital's values of human dignity and stewardship. Likewise, Arizona Spine and Joint expects that each applicant for financial assistance will make reasonable efforts to provide Arizona Spine and Joint Hospital with the documentation that is necessary for Arizona Spine and Joint Hospital to

make a determination regarding the request for financial assistance and will pursue all other resources to pay for services obtained from Arizona Spine and Joint Hospital. If an applicant fails to provide information and documentation is necessary to make a determination regarding eligibility, Arizona Spine and Joint Hospital will consider that failure in making its determination.

Endnotes

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[ii] U.S. Census Bureau. (2016). *American Fact Finder fact sheet:* Maricopa County, AZ, Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.
[iii] Hospital Discharge Data from ADHS, analyzed by MCDPH
[iv] Arizona Department of Health Services (2018). Retrieved from https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php.
[v] Alzheimer's Association (2018). Retrieved from https://www.alz.org/alzheimers-dementia/what-is-alzheimers.
[vi] Alzheimer's Impact Movement (2018). Retrieved from https://www.alz.org/media/Documents/arizona-alzheimers-facts-figures-2018.pdf.
[vii] Arizona Department of Health Services (2016). Analyzed by Maricopa County Department of Public Health.
[viii] The State of Obesity (2018). Retrieved from https://stateofobesity.org/states/az/.
[ix] Behavior Risk Factor Surveillance System (BRFSS), ADHS/CDC, analysis by MCDPH.
[x] Hospital Discharge Data from ADHS, analyzed by MCDPH
[xi] Arizona Department of Health Services (2016). Analyzed by Maricopa County Department of Public Health.
[xii] Hospital Discharge Data from ADHS, analyzed by MCDPH
[xiii] U.S Census Bureau (2010). Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml.
[xiv] HealthyPeople2020 (2018). Social Determinants of Health. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.
[xv] Synapse is a partnership between multiple non-profit healthcare providers to collect data that informs investment into the most pressing needs of our community